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**CLOSURE REPORT**  
**FOR THE**  
**ALL-BRITE LAGOON POST CLOSURE PROJECT**  
**KANSAS CITY, MISSOURI**

**Prepared for:**

**Broski Brothers, Inc.**

*SM Broski Jr*  
*Secretary*  
*7/28/97*

**Prepared by:**

**George Butler Associates, Inc.**

**November 22, 1996**

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HAZARDOUS WASTE PROGRAM  
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

  
R00170327  
RCRA RECORDS CENTER  
A011

*Jon B Kraft*  
*11/25/96*

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## EXECUTIVE SUMMARY

The following Certification of Closure Report for the remediation of a contamination plume immediately west of the former All-Brite Lagoon has been prepared in accordance with the requirements of 40 CFR, Part 265.115, "Certification of Closure". George Butler Associates, Inc. (GBA) was retained by Broski Brothers, Inc. (Broski) to provide the services of an independent, registered professional engineer. Broski retained the services of a waste management contractor to perform soil remediation and handling, an independent analytical laboratory to perform sampling analysis, and the services of a drilling contractor to close some of the existing groundwater monitoring wells and to install a new monitoring well in the treated soil after placement. Broski also retained Taylor Environmental, Inc. to perform environmental consulting services. GBA and Taylor Environmental performed full time observation of remediation activities and performed field sampling and testing. GBA reviewed waste management contractor and laboratory submittals. Appendix 1 monitoring well installation logs; Appendix 2 monitoring well closure certification; Appendix 3 analytical laboratory testing results; and Appendix 4 contains representative photographs of different phases of the remediation effort.

This report provides documentation and certification of post closure remediation activities in accordance with the detailed work plan, as amended. Additional documentation including required contractor submittals, correspondence, test data, and photographs is available in GBA project files.

## INTRODUCTION

The All-Brite Lagoon, a lagoon constructed in the 1970s for the treatment of pickle liquor and other wastes resulting from electroplating operations, was closed in the mid-1980s by treating the sludge and lagoon bottom with hydrated lime, flattening the berm over the treated area, and seeding. Groundwater monitoring was initiated in the early 1980s and expanded at approximately the same time as lagoon closure. Figure 1 shows the location of the project site.

In 1995, George Butler Associates (GBA) performed sampling of the soil and treated waste at the former location of the lagoon and sent the samples to an independent analytical laboratory for analysis. The laboratory analytical testing results indicated heavy metal concentrations below action levels and pH values in an acceptable range.

The results of the groundwater monitoring over an extended period of time revealed a plume of acidic groundwater west of the former lagoon location; specifically, Monitoring Well 210 A has consistently shown pH readings between 4.0 and 5.0. In December 1995 a work plan was written to perform remediation activities in the plume area. The plan was subsequently modified on March 1, 1996. The plan called for treatment of the soil of the plume area with hydrated lime and discharge of groundwater removed during remediation to the Kansas City municipal sanitary sewer.

Remediation activities commenced on August 6, 1996 and, with the exception of cleanup and seeding, ceased on August 15, 1996. Remediation and subsequent monitoring activities are described in this report.

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## SITE REMEDIATION ACTIVITIES

Site remediation activities commenced on August 6, 1996, following a procedure in substantial agreement with Alternative 1, part III.A. of the December 29, 1995 Work Plan. After discussing the Site Health and Safety Plan, B&V Construction began stripping topsoil from the plume area and stockpiling it in the northwest corner of the site. As per part III.C of the December 29, 1995 Work Plan and Modification No. 1 of the June 6, 1996 letter from MDNR to Mr. Michael J. Broski, GeoSystems began closing monitoring wells which were to be taken out of service. Appendix 1 contains well closure records submitted to the Missouri Department of Natural Resources (MDNR) Division of Geology and Land Survey. The following monitoring wells were **not** closed:

- OWAB-201 A
- OWAB-201 B
- OWAB-201C
- OWAB-209 A
- P-212

Monitoring well OWAB-210 A, in the contaminated groundwater plume, was plugged and, following contaminated soil treatment, reinstalled.

### Contaminated Soil Identification.

Modification No. 2 of the June 6, 1996 letter from MDNR required that the horizontal and vertical extent of the plume of contamination be determined. Initially, two backhoe test pits were excavated perpendicular to the plume to identify contaminated soil. As per part III.A. of the December 29, 1995 Work Plan, the sides of the pits were visually examined and tested with a hand-held pH meter. The following soil horizons were identified:

Table 1 Test Pit Soil Horizons		
Horizon Number	Depth	Description
1	0 - 4'	Medium dark gray silty clay
2	4 - 8'	As above; with reddish brown stains
3	> 8'	Medium gray silty clay; with strong sulphur odor & white staining

Horizon No. 1 was interpreted to be uncontaminated because of its natural appearance and its neutral pH. The pH of Horizon No. 2 was neutral; this horizon is believed to have

been impacted by acidic materials, but stabilized by oxidation, resulting in mineral staining. Horizon No. 3 was found to have a pH reading of 3.1. This horizon is believed to have been impacted by acidic materials, but a reducing environment has hindered stabilization.

### **Soil Removal and Treatment**

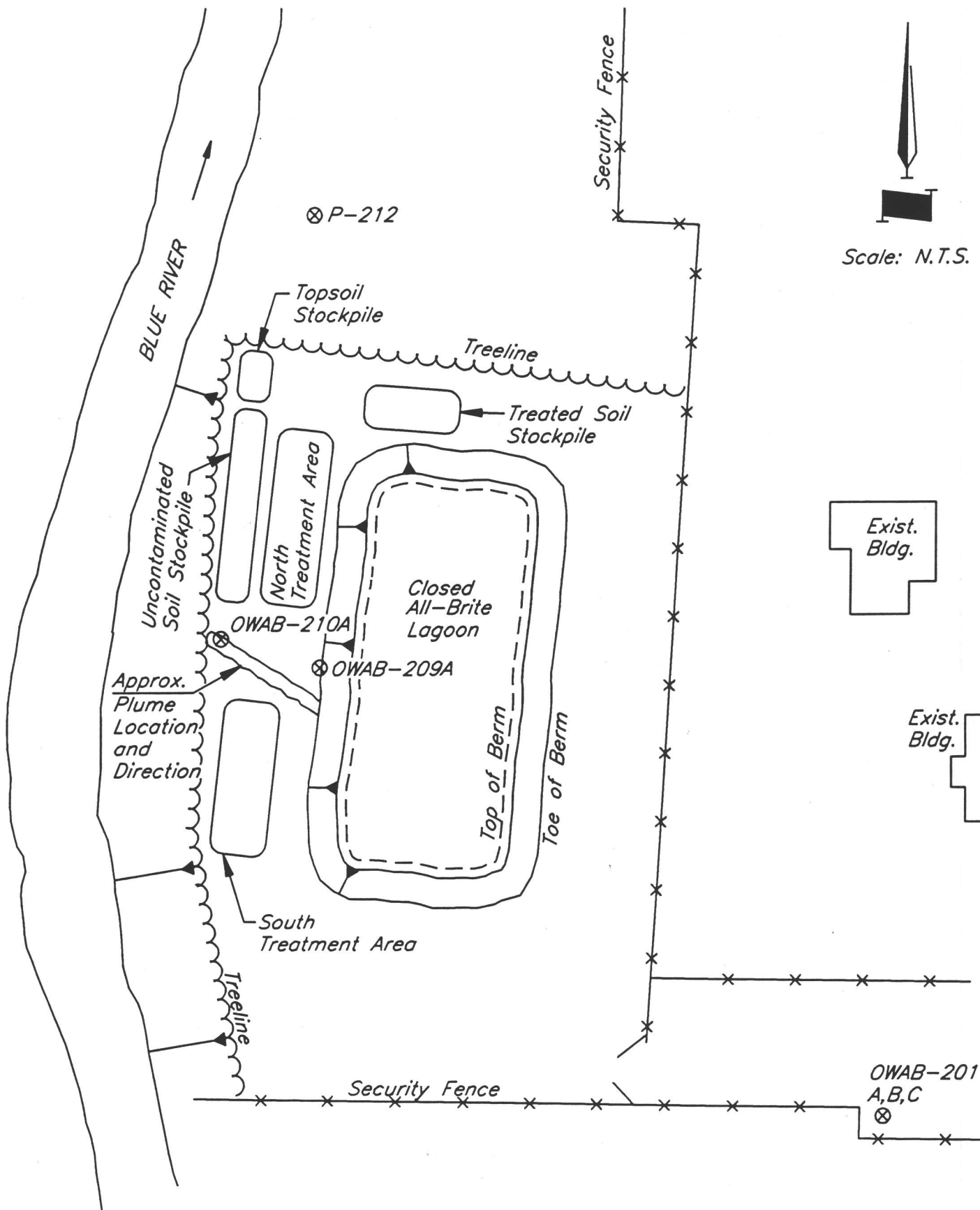
After the horizons discussed above had been identified, the topsoil (first six inches of Horizon No. 1) and Horizon No. 1 were removed from the plume area with a trackhoe and dump truck and stockpiled separately. The topsoil was placed in the northwest corner of the lagoon site (see Figure 2) and the remainder of Horizon No. 1 was placed along the northwest edge of the site.

Horizon Nos. 2 and 3 were treated and stockpiled separately from the topsoil and Horizon No. 1 stockpiles. Soil from the lower portion of Horizon No. 1 was spread into a pad north of the plume area. The dimensions of the pad were approximately 30' x 100' x 6-8". After the pad was constructed, the soil was tested and found to have a pH slightly greater than seven.

As the uncontaminated soil from Horizon No. 1 was being excavated, test pits were excavated beyond the soil currently being removed. In this manner, "hot zones", or zones of maximum contamination were identified. The soil in these hot zones were light grayish white and readings taken with a hand-held pH meter measured approximately five pH units. Excavation focused on removing as much soil from the hot zones as possible. The test pit excavation extended to a maximum depth of approximately 18 feet, at which point a high-plasticity clay was encountered. Readings of pH from a hand-held meter indicated a pH of approximately 5.0 in the high-plasticity clay. This clay is a confining layer separating the upper aquifer monitored by the "A-series" monitoring wells from the "B-series" wells. Past groundwater monitoring had indicated abnormally low pH readings in the shallowest aquifer (monitored by the "A"-series wells) only; no abnormally low readings had historically appeared in the middle aquifer (monitored by the "B"-series wells). No more than one to two feet of the high plasticity clay were excavated because it was necessary to maintain the confining layer between the two aquifers.

It was necessary to leave some contaminated soil between the excavation and the closed lagoon to the east to maintain the structural integrity of the lagoon. Also, the contaminated soil in the woods to the west was not removed because this area constitutes a wetlands, for which excavation is prohibited without a 404 permit from the Army Corps of Engineers.

The December 29, 1995 Work Plan contained three alternative remediation procedures; the first two involved insitu treatment and the third involved excavation and hauling to a permitted solid waste disposal area. Following is an excerpt from the December 29, 1995 Work Plan that describes Alternative 1 -Treat and Stabilize Insitu with  $\text{Ca}(\text{OH})_2$ :



Scale: N.T.S.

**GBA**

GEORGE BUTLER ASSOCIATES, INC.  
Engineers/Architects/Landscape Architects/Planners

7304

**SITE LAYOUT**

**BROSKI BROTHERS**

**KANSAS CITY, MISSOURI**

DATE: 11/21/96

FIGURE:

**2**

The plume area will be excavated using a backhoe with a pH meter being used to establish which soil is below a pH of 5.5, so that it may be treated and stabilized insitu with calcium hydroxide. Visual observation of the color of the soil will also be used to locate the low pH plume. The process will involve the application of a calcium hydroxide slurry to the low pH plume material followed by blending and mixing of the soil slurry with earthwork equipment. The process will be repeated in 6- to 8- inch lifts until the plume is treated and stabilized. The soil will be placed back in the excavated plume area following stabilization and verification sampling and testing of the walls and floor of the excavated plume area. The insitu treated soil which is being stockpiled during verification sampling and testing will be covered with a plastic material until it is placed back into excavated area. The insitu treated soil will also be sampled and tested prior to backfilling. Groundwater will be pumped to a tanker truck and pH monitored during excavation activities until the groundwater reaches background levels. The groundwater from the plume area and around monitoring well MW-210 will be pumped with an automatic sump pump to the tanker. The upgradient and downgradient monitoring wells along with monitoring well MW-210 located at the plume will be monitored for pH levels to determine when the groundwater has reached background levels. Groundwater will be discharged to the sanitary sewer with the permission of Kansas City, Missouri.

The work plan was revised with an attachment to a letter, dated March 1, 1996, to Mr. Doug Allen, MDNR Hazardous Waste Program. The following table revising the insitu treatment procedures is excerpted from the attachment to the letter:

<p align="center"><b>Table 2</b> <b>Equipment and Construction Sequencing</b></p>		
<b>Sequence Steps</b>	<b>Equipment</b>	<b>Activity</b>
A.	Track Loader	Remove top soil from plume area
B.	pH meter	Sample/test soil to determine soil below pH 5.5
C.	2" gas-powered trash pump	Hydrate calcium hydroxide powder with groundwater from plume area
D.	Track-mounted rototiller	Blend and mix calcium hydroxide into plume area
E.	Track loader	Remove treated and stabilized soil in 6- to 8-inch lift
F.	Dump Truck	Haul treated soil to secure area within site
G.	Unloader	Place treated soil on plastic (Repeat steps B-F)
H.	Sampling for metals, analytical laboratory	Verification sampling
I.	Loader and dump truck	Haul treated soil to plume area and place back in excavation

When the work plan was revised, it was believed that the depth of soil contamination was relatively shallow; however, the backhoe pit exploration revealed a depth of contamination that extended downward through the entire depth of the uppermost aquifer and into the underlying aquitard. Because the depth of the contaminated soil was deeper than anticipated, safety concerns arose and a variation of Alternative 1 from the December 29, 1995 Work Plan appeared to be the most appropriate. Contaminated soil was excavated from the plume area with a trackhoe and placed in a dump truck, which deposited the soil on the pad. A front end loader or a uniloaderspread the soil into six- to eight-inch lifts.

After field pH readings were obtained for a lift, hydrated lime powder was added to raise the pH of the soil to a level between 8.5 and 9.5, which is the range suggested by Modification Nos. 4 and 5 of the June 6, 1996 letter from MDNR to Mr. Michael J. Broski. The amount of hydrated lime added was dependent on the pH readings initially obtained. A rototiller pulled by a tractor was then used to blend the soil and hydrated lime. Following the blending, pH readings were again obtained. If the pH of blended soil was at an acceptable level, the blended soil was stockpiled. If the pH was too low, more hydrated lime was added and the soil was blended and tested again. This process continued until the pH reached an acceptable level, after which time the soil was stockpiled east of the topsoil stockpile. Initially, the treated stockpile was covered with plastic at night, but this practice was discontinued when it became apparent that the treated soil could not possibly be washed offsite by stormwater; the stockpile of uncontaminated soil blocked any migration pathways to the Blue River and any suspended sediment would eventually be back into the excavation from which it came.

To maximize the efficiency of equipment utilization, a second treatment area was constructed south of the plume area. The treatment process was similar, in that a 6 - 8" layer of soil was deposited, the soil was field-tested for pH, hydrated lime was added, the hydrated lime and soil were blended with a rototiller, and the soil was field tested again for pH. If the pH after blending was at an acceptable level, another lift of contaminated soil was placed on top of the previous lift and the process was repeated. If the pH was not at an acceptable level, more hydrated lime was added and blended until the pH attained an acceptable level. The soil from the south treatment area was not removed and placed in a stockpile because the topographic slope was greater than that of the north treatment area and it was advantageous to maintain a level working area. The treated soil of the south treatment area was covered at night with plastic sheets.

Alternative 1 of the December 29, 1995 Work Plan states that the groundwater from the plume area would be pumped to a tanker and discharged to the Kansas City, Missouri municipal sewer. Modification No. 3 of the June 6, 1996 letter from MDNR stated that permits or approval must be obtained from the Kansas City Water and Pollution Control Department (recently renamed Water Services Department) and that permits or approvals must be sent to the MDNR Hazardous Waste Program prior to pumping. These actions

were found to be unnecessary since groundwater infiltration into the excavation proved to be very slow. Although the excavation remained open for eight days, only a few inches of water had accumulated in the bottom of the pit. No pumping of groundwater from the pit took place.

At various times in the remediation effort, the site was visited by Mr. Doug Allen, MDNR Hazardous Waste Program, and Ms. Denise Beck, MDNR Kansas City Regional Office. Field adjustments to the procedures discussed in the December 29, 1995 Work Plan and subsequent letters were discussed with Mr. Allen by telephone or in person prior to execution.

### **Remediation Sampling and Testing**

As per part III.B. of the December 29, 1995 Work Plan, GBA collected soil samples from the walls and the bottom of the excavation area and analyzed by an independent contract laboratory for:

- Total Metals
- TCLP
- Sulfate
- pH

When the final lifts on the south and north treatment areas had been placed, a grid with 10 x 10' spacing was established on each treatment area and discrete soil samples were taken at each node, as per Modification No. 4 of the June 6, 1996 letter from MDNR to Mr. Michael J. Broski. These discrete soil samples and composite soil samples from the the south treatment area, the north treatment area, the treated soil stockpile, the uncontaminated soil (Horizon No. 1), and the topsoil were sent to an independent laboratory for analytical testing. The discrete soil samples from the south and north treatment areas were analyzed for pH. The composite soil samples were analyzed for the parameters listed above.

At the time of sampling, a small amount of water had recharged into the excavation. This water was also sampled and sent to the independent laboratory for analysis. The parameters analyzed include:

- Total Metals
- Sulfate
- pH

Results from the chemical analyses are provided in Appendix 2.

## **Treated Soil Placement**

After analytical results were received showing successful treatment of the soil, agricultural lime was spread on the sides and bottom of the excavation and the soil the treated soil was returned to the excavation with a uniloader, front end loader, and trackhoe. Compaction of the returned soil was achieved by driving over the soil with the front end loader and tamping with the trackhoe bucket. Contrary to expectations, no soil expansion, or "fluffing" occurred. The volume of the soil replaced was approximately equal to the volume removed.

## **Vegetative Cover**

Modification No. 10 of the June 6, 1996 letter from MDNR required that after backfilling and grading to original contours, the final disturbed area be seeded. After Monitoring Well 210 A was reinstalled, grass seed was sown over the area in which the south treatment area, excavation, north treatment area, uncontaminated soil stockpile, topsoil stockpile, and treated soil stockpile were located. Straw mulch was then applied.

## **Groundwater Sampling and Testing**

After the treated soil was returned to the excavation, Monitoring Well 210 A was re-installed. On September 27, 1996 the reinstalled well was sampled for quarterly monitoring. During purging of the well, much lower than expected pH readings were obtained. Eventually, the pH stabilized at 3.7 and groundwater samples were taken. The sampling results, in Appendix 2, are comparable to the results of earlier rounds of sampling of the original Monitoring Well 210 A. The bottom of the reinstalled well was installed into the confining clay separating the shallow from the middle aquifer. Although field sampling of the clay layer showed it to be acidic, it was left intact to maintain the separation of the two aquifers. It is believed that water infiltrating the well from the confining clay is responsible for the low pH readings.

On October 2, 1996, another monitoring well was installed at a depth of approximately 16 feet. The reinstalled Monitoring Well 210 A is designated R 210 A1 and the subsequent monitoring well is designated R 210 A2. The well records submitted to MDNR - Division of Geology and Land Survey for the two wells are found in Appendix 1. During development of monitoring well R 210 A2, both wells were bailed and the indicator parameters temperature and pH were monitored. Table 3 summarizes well development and monitoring activity prior to sampling of monitoring well R 210 A2.

On October 14, 1996, monitoring well R 210 A2 was sampled for the following metals:

- Cadmium, total
- Chromium, total
- Iron, total

**Table 3**  
**Monitoring Well Development and Monitoring Activity**

Date/Parameter	R 210 A1	R 210 A2
October 4, 1996		
Initial Water Level	Instrument Failure	Instrument Failure
Initial Appearance	Lightly turbid brown	Clear
Initial pH	3.2	6.7
Initial Temperature	Not measured	Not measured
Final Water Level	Dry	Dry
Final Appearance	Very turbid brown	Turbid Brown
Final pH	3.4	6.8
Final Temperature	Not measured	Not Measured
Water Volume Evacuated	± 7.0 gal.	± 4.5 gal.
October 7, 1996		
Initial Water Level	15.33'	9.50', TOC
Initial Appearance	Slightly turbid; light brown	Clear
Initial pH	3.1	6.7
Initial Temperature	15° C	19° C
Final Water Level	18.25', TOC	17.15', TOC
Final Appearance	Slightly turbid; light brown	Slightly turbid; light brown
Final pH	3.5	6.8
Final Temperature	14° C	16° C
Water Volume Evacuated	± 3.0 gal.	± 4.5 gal.
October 9, 1996		
Initial Water Level	15.38', TOC	10.97', TOC
Initial Appearance	Clear	Clear
Initial pH	3.1	6.7
Initial Temperature	15.5° C	18° C
Final Water Level	18.34' TOC	Dry
Final Appearance	Slightly turbid; light brown	Slightly turbid; light brown
Final pH	3.3	6.7
Final Temperature	14° C	16° C
Water Volume Evacuated	3.0 gal.	± 4.0 gal.
Total Volume Evacuated	± 13.0 gal.	13.0 gal.

- Lead, total
- Manganese, total
- Zinc, total

The results are found in Appendix 2. Appendix 2 also includes the sampling results of monitoring well R 210 A1 and a summary of the historical results from the closed Monitoring Well 210 A. Comparison of the results of wells R 210 A1 and A2 reveals that the results from R 210 A1 are consistent with the historic results for Monitoring Well 210 A; whereas, the results from R 210 A2 are below the historical range of Monitoring Well 210 A for all parameters except lead. The analytical results for lead are inconclusive because the lab experienced interference in its analysis of this parameter and could say with certainty only that the value was less than 0.01 mg/l. This value is lower than the historical range of Monitoring Well 210 A, except for the 6/27/96 sampling event. The result of the 6/27/96 sampling event for lead was 0.007 mg/l, which is between 0.01 mg/l and the 0.005 mg/l detection limit. Therefore, the result of the analysis for lead from R 210 A2 is inconclusive; whereas the results from all other parameters are below or at the lower end of the historic range for Monitoring Well 210 A. The results suggest that, because the bottom of R 210 A1 was completed in the confining clay layer below the uppermost aquifer, it is influenced by water from the confining clay; whereas, the sampling results from R 210 A2 are much lower than R 210 A1 or the historic results of Monitoring Well 210 A because it was completed entirely in treated material and metals present in the soil remain unmobilized.

Appendix 2 also contains pH and specific conductance measurements taken during sampling of R 210 A1 and A2. Comparison of these readings reveals that the pH readings for R 210 A1 are within the historic range for Monitoring Well 210 A; whereas, the pH readings for R 210 A2 are above the historic range of that well. The specific conductance readings for R 210 A1 are within the historic range of Monitoring Well 210 A. The specific conductance readings for R 210 A2 are also within the historic range of Monitoring Well 210 A, but at the lower end. The pH readings suggest that, because the bottom of R 210 A1 was completed in the confining clay layer below the uppermost aquifer, it is influenced by water from the confining clay; whereas, the pH readings from R 210 A2 are much higher than R 210 A1 or the historic results of Monitoring Well 210 A because it was completed entirely in treated material, through which migrating groundwater is not acidified. The specific conductance readings are less conclusive than the pH readings, since the readings from both R 210 A1 and A2 are within the historic range of Monitoring Well 210 A. However, the fact that the readings from R 210 A2 are at the lower end of the historic range of Monitoring Well 210 A may reflect the lower mobilization of metals in the water that has migrated through treated material.

### **Groundwater Monitoring**

Modification No. 11 of the June 6, 1996 letter from MDNR states that the groundwater in the plume area shall be monitored quarterly for a period of one year after closure is

complete. Both R 210 A1 and A2 will be monitored on a quarterly basis for one year. It is anticipated that R 210 A1 will exhibit progressively higher pH readings and lower metals readings as chemical reactions between the hydrated lime and surrounding soil progress. R 210 A2 is expected to continue to exhibit neutral pH and low metals readings. As indicated above, the results of the first analytical sampling event are found in Appendix 2.

Although Modification No. 9 of the June 6, 1996 letter from MDNR refers to Monitoring Well 201 A as the upgradient well, a comparison of historic analytical monitoring results suggests that Monitoring Well 209 A is a more representative upgradient well. The average background levels for the last three years, excluding the September 1996 sampling event, are as follows:

- Sulfate - 208
- Cadmium - 0.010
- Chromium - 0.026
- Lead - 0.079
- Nickel - 0.044
- Zinc - 0.236
- Manganese - 0.180
- Iron - 8.71
- pH - 6.81

It is strongly recommended that Monitoring Well 209 A be used to establish background or cleanup levels.

#### **Deed Recording and Survey Plat**

A survey plat of the treated plume area has been prepared by a Registered Land Surveyor and filed with the Jackson County, Missouri Recorder of Deeds, as required by 40 CFR 265.116. Copies of the filing are found in Appendix 3.

#### **Certification Statement**

This closure report provides documentation and certification of closure in accordance with the Closure Plan, as amended and as dictated by field conditions as discussed herein.

**APPENDIX 1**



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO.	165154		
ROUTE		PWS NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

**INFORMATION SUPPLIED BY OWNER**

NAME Brook Brothers		TELEPHONE 816 861-8000	
ADDRESS 6400 E 35th	CITY Kansas City	STATE MO.	ZIP CODE 64129
SITE NAME All-Brick	WELL NUMBER OWAB-4	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th and Belmont	
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property Owner</u>	CITY Kansas City	STATE MO.	ZIP CODE 64129
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER	VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER: N/A	WELL CERTIFICATION NUMBER 1985
SIGNATURE (WELL OWNER)		DATE	

**INFORMATION SUPPLIED BY CONTRACTOR**

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS 	<b>LOCATION OF WELL</b> SHOW LOCATION IN SECTION PLAT QUAD <u>Kansas City</u> COUNTY <u>Jackson</u> ELEV _____ AREA NO. <u>2</u> SMALLEST 1/4 _____ LARGEST 1/4 _____ SW 1/4 NW 1/4 NE 1/4 SE 1/4 SEC. <u>24</u> TWN. <u>49</u> N. RING. <u>33</u> LAT. _____ LONG. _____
--	--

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
Well is located at Hatched Cyprian site approx 1/4 mi. west of the intersection of 39th and Fuller

CONTRACTOR'S NAME David Ritter	PERMIT NUMBER 001172 m	DRILLERS NAME Rick Bridges	PERMIT NUMBER 001171 m
-----------------------------------	---------------------------	-------------------------------	---------------------------

<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION <input type="checkbox"/> SOIL BORING <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) Layne Wasker		DATE ORIGINALLY DRILLED 1985	
DATE PLUGGED 8-7-91	STATIC WATER LEVEL FT	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN. <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OF THE WELL 32.25	LENGTH OF CASING 22.25	CASING DIA. 2" HOLE DIA. 2"	LENGTH OF CASING ADDED FT
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	RAISED CASING INFORMATION MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FUS <input type="checkbox"/> WELDED <input type="checkbox"/> GL <input type="checkbox"/> COUPLED
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> HI-EARLY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER	BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED 3 POUNDS OF GROUT PER BAG 94	LINER DETAILS PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS DIAMETER OF LINER FT. <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		DEPTH TO THE TOP OF LINER FROM SURFACE FT.	
TYPE OF FILL MATERIAL USED Grout Bentonite Slurry		AMOUNT OF LINER USED FT.	
AMOUNT OF FILL MATERIAL USED CU. YDS./TONS 2.0		LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT DEPTH(S) SET	
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE	LINER GROUT DETAILS POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH PUMP WAS SET GPM	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT.		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	

**CHECK THE BOX WHICH APPLIES**

<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.	<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.
CONTRACTOR'S SIGNATURE 	DATE 9/26/96



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF NO 165153			
ROUTE	PWS NUMBER	CHECK NUMBER	
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY OWNER		TELEPHONE	
NAME Brosler Brothers Inc.		816 861-8000	
ADDRESS 6400 E 35th	CITY Kansas City	STATE Mo.	ZIP CODE 64129
SITE NAME All-Brite	WELL NUMBER OWAB-3	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th and Belmont	
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) Property owner	CITY Kansas City	STATE Mo.	ZIP CODE 64129
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER	VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER:	WELL CERTIFICATION NUMBER N/A
		SIGNATURE (WELL OWNER)	DATE 1/8/85

INFORMATION SUPPLIED BY CONTRACTOR		LOCATION OF WELL	
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS		SHOW LOCATION IN SECTION PLAT	
		QUAD Kansas City COUNTY Jackson	
		ELEV AREA NO. 2	
		SMALLEST % LARGEST %	
		SW % NW % NE % SE %	
		SEC. 24 TWN. 49 N. RANG. 33 E OR	
		LAT. LONG.	

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
Well is located at located Lagoon site approx 1/4 mi. west of the intersection of 39th and Fuller

CONTRACTOR'S NAME David Ritter	PERMIT NUMBER 001172 m	DRILLERS NAME Rick Bridges	PERMIT NUMBER 001171 m
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ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION <input type="checkbox"/> SOIL BORING <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) Lynne Wetherin		DATE ORIGINALLY DRILLED 1985	
DATE PLUGGED 8-7-96	STATIC WATER LEVEL FT.	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING
DEPTH OF THE WELL 32.0	LENGTH OF CASING 22.0	CASING DIA. 2.0	HOLE DIA. 2"
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	LENGTH OF CASING ADDED
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> HI-EARLY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER	BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED 3	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		DIA. OF WELL CASING	
TYPE OF FILL MATERIAL USED Grout Bentonite Slurry		WAS WELL DISINFECTED AFTER RECONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF FILL MATERIAL USED 2.0		DATE RECONSTRUCTION COMPLETED	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE 2.0		MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> GLUED <input type="checkbox"/> COUPLED	
NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE TABLETS OF CHLORINE		RAISED CASING INFORMATION	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LINER DETAILS	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT?		DEPTH TO THE TOP OF LINER FROM SURFACE FT.	
CHECK THE BOX WHICH APPLIES		AMOUNT OF LINER USED	
<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL	
<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
CONTRACTOR'S SIGNATURE		DEPTH(S) SET	
DATE 9/26/96		LINER PACKER DETAILS	
		TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT	
		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS	
		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR	
		DEPTH PUMP WAS SET FT.	
		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	
		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	
		GPM	

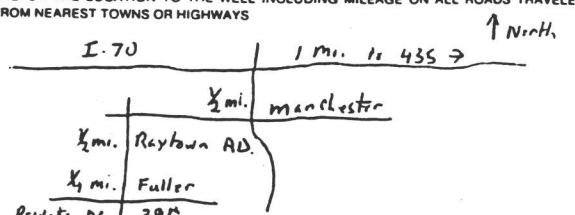
CHECK THE BOX WHICH APPLIES		DEEPENING OF WELL INFORMATION	
<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	
<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	
CONTRACTOR'S SIGNATURE		YIELD	
DATE 9/26/96			



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO	165152		
ROUTE		P.W.S. NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO	
CHECKED BY		CROSS REFERENCE NO	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

<b>INFORMATION SUPPLIED BY OWNER</b>			
NAME <u>Broski Brothers Inc.</u>		TELEPHONE <u>816-861-8000</u>	
ADDRESS <u>6400 E 35th</u>		CITY <u>Kansas City</u>	STATE <u>MO.</u>
SITE NAME <u>All-Brite</u>		WELL NUMBER <u>OWAB-2</u>	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) <u>39th and Belmont</u>
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property Owner</u>		CITY <u>Kansas City</u>	STATE <u>MO.</u>
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER WELL CERTIFICATION NUMBER <u>N/A</u>
		DATE ORIGINALLY <u>1985</u>	
		SIGNATURE (WELL OWNER)	
		DATE	

<b>INFORMATION SUPPLIED BY CONTRACTOR</b>	
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS	
	
<b>LOCATION OF WELL</b> SHOW LOCATION IN SECTION PLAT QUAD <u>Kansas City</u> COUNTY <u>Jackson</u> ELEV _____ AREA NO. <u>2</u>	
SMALLEST % _____ LARGEST % _____ SW % NW % NE % SE % SEC. <u>24</u> TWN. <u>49</u> N. RING. <u>33</u> LAT. _____ LONG. _____	

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
Well is located at treated lagoon site approx 1/4 mile west of the intersection of 39th and Fuller

CONTRACTOR'S NAME <u>David Ritter</u>	PERMIT NUMBER <u>001172 m</u>	DRILLER'S NAME <u>Rick Bridges</u>	PERMIT NUMBER <u>001171 m</u>
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<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) <u>Layne Western</u>		DATE ORIGINALLY DRILLED <u>1985</u>	
DATE PLUGGED <u>8-7-96</u>		STATIC WATER LEVEL FT. _____	
PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIA. OF WELL CASING IN. _____	
WAS WELL DISINFECTED AFTER RECONSTRUCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE RECONSTRUCTION COMPLETED	

DEPTH OF THE WELL <u>31.25</u>		LENGTH OF CASING <u>21.25</u>		CASING DIA. <u>2"</u>		HOLE DIA. <u>2"</u>	
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER		RAISED CASING INFORMATION	
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> OTHER <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER <input type="checkbox"/>		BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS		NUMBER OF BAGS OF GROUT USED <u>3</u>		POUNDS OF GROUT PER BAG <u>94</u>	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <u>6</u>		TYPE OF FILL MATERIAL USED <u>Grout Bentonite Slurry</u>		AMOUNT OF FILL MATERIAL USED CU. YDS./TONS		CIRCLE ONE	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE <u>2.0'</u>		WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE _____ POUNDS OF CHLORINE _____ TABLETS OF CHLORINE _____		WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:		CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		CONTRACTOR'S SIGNATURE <u>David Ritter</u>		DATE <u>9/26/96</u>	

GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> OTHER <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER <input type="checkbox"/>		BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS		NUMBER OF BAGS OF GROUT USED <u>3</u>		POUNDS OF GROUT PER BAG <u>94</u>	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <u>6</u>		TYPE OF FILL MATERIAL USED <u>Grout Bentonite Slurry</u>		AMOUNT OF FILL MATERIAL USED CU. YDS./TONS		CIRCLE ONE	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE <u>2.0'</u>		WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE _____ POUNDS OF CHLORINE _____ TABLETS OF CHLORINE _____		WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:		CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		CONTRACTOR'S SIGNATURE <u>David Ritter</u>		DATE <u>9/26/96</u>	
DEPTH TO TOP OF LINER FROM SURFACE FT. _____		MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL		AMOUNT OF LINER USED FT. _____		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
LINER PACKER DETAILS		TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT		DEPTH(S) SET			
LINER GROUT DETAILS		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI-EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR		DIAMETER OF LINER WEIGHT OR SDR	
DEPTH PUMP WAS SET FT. _____		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT. _____		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT. _____		GPM	
DEEPENING OF WELL INFORMATION		FROM _____ TO _____		FORMATION DESCRIPTION		YIELD	



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO	165151		
ROUTE		P W S. NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

**INFORMATION SUPPLIED BY OWNER**

NAME <u>Broski Brothers Inc.</u>		TELEPHONE <u>816-861-8000</u>	
ADDRESS <u>6400 E 35<sup>th</sup></u>		CITY <u>Kansas City</u>	STATE <u>MO</u>
ZIP CODE <u>64129</u>			
SITE NAME <u>All-Brite</u>	WELL NUMBER <u>OWAB-1</u>	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) <u>39<sup>th</sup> and Belmont</u>	
OWNER STATUS <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property owner</u>	CITY <u>Kansas City</u>	STATE <u>MO</u>	ZIP CODE <u>64129</u>
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER	VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER: <u>N/A</u>	WELL CERTIFICATION NUMBER <u>1985</u>
DATE ORIGINALLY DRILL <u>1985</u>		SIGNATURE (WELL OWNER) <u>DATE</u>	

**INFORMATION SUPPLIED BY CONTRACTOR**

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS		<b>LOCATION OF WELL</b>	
<p>I-70 1 mi. to 435<sup>th</sup> St ↑ North 1 mi. 1/2 mi. Manchester 1/2 mi. Raytown Rd. 1/4 mi. Fuller Private 39<sup>th</sup> St</p>		SHOW LOCATION IN SECTION PLAT QUAD <u>Kansas City</u> COUNTY <u>Jackson</u> ELEV. _____ AREA NO. <u>2</u>	
SMALLEST 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4 <u>SW</u> 1/4		LARGEST 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4 <u>SW</u> 1/4	
SEC. <u>24</u> TWN. <u>49</u> N. RING. <u>33</u> E OR G		LAT. _____ LONG. _____	

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
Well is located at treated Lagoon site approx 1/4 mi. west of the intersection of 39<sup>th</sup> and Fuller

CONTRACTOR'S NAME <u>David Rither</u>	PERMIT NUMBER <u>001172 M</u>	DRILLERS NAME <u>Rick Bridges</u>	PERMIT NUMBER <u>001171 M</u>
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<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MONITORING <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> OTHER <input type="checkbox"/> IRRIGATION		DATE ORIGINALLY DRILLED <u>1985</u>	
ORIGINAL DRILLER (IF KNOWN) <u>Layne Western</u>	DATE PLUGGED <u>8-7-96</u>	STATIC WATER LEVEL FT. _____	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DEPTH OF THE WELL <u>31.5</u>	LENGTH OF CASING <u>21.5</u>	CASING DIA. <u>2"</u>	HOLE DIA. <u>2"</u>
GRAOUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	RAISED CASING INFORMATION
GRAOUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER	BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED <u>3</u>	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS
POUNDS OF GROUT PER BAG <u>94</u>	HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <u>6</u>	DEPTH TO THE TOP OF LINER FROM SURFACE FT. _____	MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL
TYPE OF FILL MATERIAL USED <u>Grout Bentonite slurry</u>	AMOUNT OF FILL MATERIAL USED CU. YDS./TONS <u>2.0</u>	AMOUNT OF LINER USED FT. _____	JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE _____ POUNDS OF CHLORINE _____ TABLETS OF CHLORINE _____	TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT	DEPTH(S) SET
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LINER PACKER DETAILS	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:		LINER GROUT DETAILS	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. CONTRACTOR'S SIGNATURE <u>David Rither</u>		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS DEPTH PUMP WAS SET _____ FT. GPM _____	
<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS. DATE <u>9/26/96</u>		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT. _____	
		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT. _____	
		DEEPENING OF WELL INFORMATION	
		FORMATION DESCRIPTION	
		YIELD	



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF NO	165150		
ROUTE		P W S NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO	
CHECKED BY		CROSS REFERENCE NO	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY OWNER

NAME Broski Brothers Inc.		TELEPHONE 816-861-8000	
ADDRESS 6400 E 35th		CITY Kansas City	STATE MO
ZIP CODE 64129			
SITE NAME All-Brite	WELL NUMBER P-207	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th and Belmont	
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) Property owner	CITY Kansas City	STATE MO	ZIP CODE 64129
PURPOSE OF REGISTRATION FORM: <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER	VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER: N/A	WELL CERTIFICATION NUMBER 1985
DATE ORIGINALLY COMPLETED		DATE	

INFORMATION SUPPLIED BY CONTRACTOR

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS		LOCATION OF WELL	
<p>I-70 1 mi. to 435 → North 1 mi. 1/2 mi. Manchester 1/2 mi. Raytown AD. 1/4 mi. Fuller Private well 39th</p>		SHOW LOCATION IN SECTION PLAT QUAD Kansas City COUNTY Jackson ELEV AREA NO. 2	
SMALLEST % SW % NW % NE % SE %		LARGEST % SW % NW % NE % SE %	
SEC. 24 TWN. 49 N. R. 33		LAT. LONG.	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL Well is located at treated lagoon site approx 1/4 mi. west of the intersection of 39th and Fuller			

CONTRACTOR'S NAME David Ritter	PERMIT NUMBER 001172 m	DRILLER'S NAME Rick Bridges	PERMIT NUMBER 001172 m
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ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
FORMER USE OF WELL: <input type="checkbox"/> HAND DUG <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION		TYPE OF REPAIR: <input type="checkbox"/> RAISED CASING <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) Layne Western		DATE ORIGINALLY DRILLED 1985	
DATE PLUGGED 8-7-96	STATIC WATER LEVEL FT.	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN.
DEPTH OF THE WELL 20.2	LENGTH OF CASING 11.2	CASING DIA. 2"	HOLE DIA. 2"
GROUT INSTALLATION METHOD: <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE?	TYPE OF CASING: <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	RAISED CASING INFORMATION
GROUT MATERIAL USED: NEAT CEMENT <input type="checkbox"/> HI-EARLY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER		BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED 2
POUNDS OF GROUT PER BAG 94		PURPOSE OF LINER: <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		DIA. OF LINER IN.	
TYPE OF FILL MATERIAL USED Grout Bentonite Slurry		WEIGHT OR SDR	
AMOUNT OF FILL MATERIAL USED 2.0		CIRCLE ONE CU. YDS./TONS	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE		DEPTH TO THE TOP OF LINER FROM SURFACE FT.	
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL	
NUMBER USED FOR DISINFECTION: GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AMOUNT OF LINER USED FT.	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT?		LINER PACKER DETAILS	
CHECK THE BOX WHICH APPLIES: <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. CONTRACTOR'S SIGNATURE DATE 5/26/96		TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT	
		DEPTH(S) SET	
		LINER GROUT DETAILS	
		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS	
		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI-EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR	
		DEPTH PUMP WAS SET GPM	
		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	
		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	
		DEEPENING OF WELL INFORMATION	
		FORMATION DESCRIPTION	
		YIELD	



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF NO	165141		
ROUTE		P W S NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY OWNER

NAME Broski Brothers Inc.		TELEPHONE 816-861-8000	
ADDRESS 6400 E 35th St.		CITY Kansas City	STATE Mo
SITE NAME 39th + Belmont All-Brite		WELL NUMBER OWAD-209B	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th + Belmont
OWNER STATUS <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) Property Owner		CITY Kansas City	STATE Mo
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER N/A
		WELL CERTIFICATION NUMBER 1985	DATE ORIGINALLY DRILL 1985
		SIGNATURE (WELL OWNER) DATE	

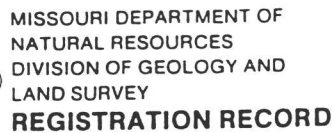
INFORMATION SUPPLIED BY CONTRACTOR

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS 		LOCATION OF WELL SHOW LOCATION IN SECTION PLAT QUAD Kansas City COUNTY Jackson ELEV AREA NO. 2 SMALLEST % LARGEST % SW % NW % NE % SE % SEC. 24 TWN. 49 N. RING. 33 E ORG. LAT. LONG.	
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DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
Well is located at treated lagoon site approx 1/2 mi west of the intersection of Fuller & 39th St

CONTRACTOR'S NAME David Ritter	PERMIT NUMBER 001172M	DRILLERS NAME Rick Bridges	PERMIT NUMBER 001171M
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ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) Layne Western		DATE ORIGINALLY DRILLED 1985	
DATE PLUGGED 8/8/96		STATIC WATER LEVEL FT	
DEPTH OF THE WELL 22.5'		LENGTH OF CASING 13.5'	
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE		CASING CUT OFF THREE FEET BELOW SURFACE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER		BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		NUMBER OF BAGS OF GROUT USED 2	
TYPE OF FILL MATERIAL USED Grout - Bentonite Slurry		POUNDS OF GROUT PER BAG 94	
AMOUNT OF FILL MATERIAL USED 2.0'		CIRCLE ONE CU. YDS./TONS	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE 2.0'			
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.	
CONTRACTOR'S SIGNATURE David Ritter		DATE 9/23/96	



OFFICE USE ONLY		DATE RECEIVED	
REF NO	165142		
ROUTE		PWS NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	
		Ph 1	Ph 2 Ph 3

NAME Bruski Brothers Inc.		CITY Kansas City		TELEPHONE 816-861-9000
ADDRESS 6400 E 35th		STATE Mo		ZIP CODE 64129
SITE NAME All-Brite	WELL NUMBER OWAB-209C	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th + Blument		
OWNER STATUS. <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) Property Owner	CITY Kansas City	STATE Mo	ZIP CODE 64129	
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER	VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER:	WELL CERTIFICATION NUMBER N/A	DATE ORIGINALLY 1985 DATE
		SIGNATURE (WELL OWNER)		

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS  
 4N  
 I-70  
 1 mile to 435-7  
 Raytown Rd  
 1/4 mi Manchester  
 1 mi  
 1/4 mi Culler  
 1/4 mi  
 Private Dr 39th

**LOCATION OF WELL**  
 SHOW LOCATION IN SECTION PLAT  
 QUAD Kansas City COUNTY Jackson  
 ELEV \_\_\_\_\_ AREA NO. 2  
 SMALLEST % \_\_\_\_\_ LARGEST % \_\_\_\_\_  
 SW % NW % NE % SE %  
 SEC. 24 TWN. 49 N. RING. 33  
 LAT. \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " LONG. \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL  
~~Well~~ Well is located @ treated lagoon site approx 1/4 mi west of the intersection  
 of 39th + fuller

CONTRACTOR'S NAME	David Ritter	PERMIT NUMBER	001173 m	DRILLERS NAME	Rick Bridges	PERMIT NUMBER	001171 m
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FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION	<input type="checkbox"/> SOIL BORING <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> OTHER _____	TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> OTHER _____
USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION		<input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER _____

ORIGINAL DRILLER (IF KNOWN) <i>Laune Western</i>	DATE ORIGINALLY DRILLED <i>1985</i>	<input type="checkbox"/> HEAT PUMP <input type="checkbox"/> IRRIGATION	<input type="checkbox"/> OTHER _____
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DATE PLUGGED 8/7/96	STATIC WATER LEVEL FT	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN.	WAS WELL DISINFECTED AFTER RECONSTRUCTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE RECONSTRUCTION COMPLETED
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DEPTH OF THE WELL 54.5	LENGTH OF CASING 45.5	CASING DIA. 2"	HOLE DIA. 2"	RAISED	LENGTH OF CASING ADDED
					MATERIAL

GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE	CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	<b>CASING INFORMATION</b>	<input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	<input type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input type="checkbox"/> COUPLED
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GROUT MATERIAL USED		BENTONITE	NUMBER OF BAGS OF GROUT USED	LINER DETAILS	PURPOSE OF LINER	DIAMETER OF LINER
NEAT CEMENT	<input type="checkbox"/> BENTONITE SLURRY	<input checked="" type="checkbox"/> POWDER	4		<input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION	
<input type="checkbox"/> HI-EARLY	<input type="checkbox"/> OTHER	<input type="checkbox"/> GRANULAR	POUNDS OF GROUT PER BAG		<input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
<input checked="" type="checkbox"/> PORTLAND TYPE 1		<input type="checkbox"/> CHIPS	22 and 94		DEPTH TO THE TOP OF LINER FROM SURFACE	
<input type="checkbox"/> OTHER		<input type="checkbox"/> PELLETS				

HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE?	AMOUNT OF LINER USED	JOINTS
6		

TYPE OF FILL MATERIAL USED <i>Grout Bentonite Slurry</i>	CIRCLE ONE <input checked="" type="checkbox"/> VIBRO <input type="checkbox"/> PLACED	<input type="checkbox"/> GLUED <input type="checkbox"/> WEL <input type="checkbox"/> OTHER _____
AMOUNT OF FILL MATERIAL USED		

AMOUNT OF FILL MATERIAL USED		CU. YDS./TONS	LINER PACKER DETAILS	TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER <input type="checkbox"/> BOOT	DEPTH(S) SET
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE 20					

WELL DISINFECTED BEFORE PLUGGING?	NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE _____ POUNDS OF CHLORINE _____	LINER GROUT	POSITION OF SEAL <input type="checkbox"/> FULL LENGTH	MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE I <input type="checkbox"/> HIGH BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS
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<input type="checkbox"/> YES	<input type="checkbox"/> NO	POUNDS OF CHLORINE _____	<b>DETAILS</b>	<input type="checkbox"/> BETWEEN PACKERS	BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS
		TABLETS OF CHLORINE _____		<input type="checkbox"/> SLURRY <input type="checkbox"/> GRAVEL	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER			DEPTH PUMP WAS _____	DEPTH FROM SURFACE TO _____	DEPTH FROM SURFACE TO _____

SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEPTH PUMP WAS SET _____ FT.	TOP OF THE GROUT SEAL	BOTTOM OF THE GROUT SEAL
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:	GPM _____	_____ FT.	_____

CHECK THE BOX WHICH APPLIES		DEEPENING OF WELL INFORMATION	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPTH	FORMATION DESCRIPTION

I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES.	I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES.	FROM TO						
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ANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.	ANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		
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CONTRACTOR'S SIGNATURE 	DATE 9/23/96				
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MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF NO	165143		
ROUTE		P W S NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY OWNER

NAME Broski Brothers Inc		TELEPHONE 816-861-8000	
ADDRESS 6400 E 35th		CITY Kansas City	STATE Mo
SITE NAME A11-Brite		WELL NUMBER 0011210A	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39th + Belmont
OWNER STATUS <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) Property Owner		CITY Kansas City	STATE Mo
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER WELL CERTIFICATION NUMBER DATE ORIGINALLY DRILL N/A 1985
		SIGNATURE (WELL OWNER) DATE	

INFORMATION SUPPLIED BY CONTRACTOR

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS		LOCATION OF WELL SHOW LOCATION IN SECTION PLAT QUAD Kansas City COUNTY Jackson ELEV AREA NO. 2	
<p>I 70 1mi to 435th 1mi 1/2mi Manchester 1/4mi 1/4mi Fuller Private Dr 39th</p>		<p>SMALLEST % LARGEST % SW % NW % NE % SE % SEC. 24 TWN. 49 N. R. 33 E. OR LAT. LONG.</p>	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL Well is located approx 1/4 mile west of the intersection of 39th + Fuller			

CONTRACTOR'S NAME David R. Rutter	PERMIT NUMBER 001122M	DRILLER'S NAME Rick Bridges	PERMIT NUMBER 001171M
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ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) Layne Weston		DATE ORIGINALLY DRILLED 1985	
DATE PLUGGED 8/7/96	STATIC WATER LEVEL FT	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIA. OF WELL CASING IN. <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OF THE WELL 22.5	LENGTH OF CASING 13.5	CASING DIA. 2"	HOLE DIA. 2"
GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	RAISED CASING INFORMATION LENGTH OF CASING ADDED MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FUSE <input type="checkbox"/> WELDED <input type="checkbox"/> GLUE <input type="checkbox"/> COUPLED
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> HI-EARLY <input type="checkbox"/> BENTONITE SLURRY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER		BENTONITE <input type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED 2 POUNDS OF GROUT PER BAG 99 94
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
TYPE OF FILL MATERIAL USED Grout - Bentonite Slurry		DIA. OF LINER FT. <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL	
AMOUNT OF FILL MATERIAL USED 2.0		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE 2.0		LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER <input type="checkbox"/> BOOT	
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS	
NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EA BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS SLURRY <input type="checkbox"/> GRANUL	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH PUMP WAS SET FT.	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT.		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	
		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	

CHECK THE BOX WHICH APPLIES

<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.	<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.
CONTRACTOR'S SIGNATURE David R. Rutter	DATE 9/23/96



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY		DATE RECEIVED	
REF NO	165145		
ROUTE		P.W.S. NUMBER	CHECK NUMBER
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY OWNER			
NAME Broski Brothers Inc.		TELEPHONE 816-861-8000	
ADDRESS 6400 E 35 <sup>th</sup>		CITY Kansas City	STATE MO
SITE NAME All-Brite		WELL NUMBER OWAB-210C	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) 39 <sup>th</sup> and Belmont
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property Owner</u>		CITY Kansas City	STATE MO
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER DATE CERTIFICATION NUMBER 1985
		SIGNATURE (WELL OWNER)	DATE

INFORMATION SUPPLIED BY CONTRACTOR	
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS	
LOCATION OF WELL SHOW LOCATION IN SECTION PLAT QUAD <u>Kansas City</u> COUNTY <u>Jackson</u> ELEV <u>      </u> AREA NO. <u>2</u>	
SMALLEST 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4 <u>NW</u> 1/4 <u>SE</u> 1/4 SEC. <u>24</u> TWN. <u>49</u> N. R. <u>33</u>	
LAT. <u>      </u> LONG. <u>      </u>	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <u>Well is located at treated lagoon site approx 1/4 mi. west of the intersection of 35<sup>th</sup> and Fuller</u>	

CONTRACTOR'S NAME David R. Hor		PERMIT NUMBER 001172 m	DRILLER'S NAME Rick Bridges	PERMIT NUMBER 001171 m
ABANDONMENT OF WELLS		WELL RECONSTRUCTION		
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER		
ORIGINAL DRILLER (IF KNOWN) Layne Western		DATE ORIGINALLY DRILLED 1985		
DATE PLUGGED 8-7-96	STATIC WATER LEVEL FT	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN. <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPTH OF THE WELL 50.5	LENGTH OF CASING 41.5	CASING DIA. 2"	HOLE DIA. 2"	
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE	CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER		RAISED CASING INFORMATION
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER		BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED 4 POUNDS OF GROUT PER BAG 94	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? 6		DIA. OF WELL CASING IN. <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF FILL MATERIAL USED Grout, Bentonite slurry		DATE RECONSTRUCTION COMPLETED		
AMOUNT OF FILL MATERIAL USED CU. YDS./TONS		LENGTH OF CASING ADDED FT		
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE 2.0'		MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC		
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FLANGED <input type="checkbox"/> WELDED <input type="checkbox"/> GROUTED <input type="checkbox"/> COUPLED		
NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE TABLETS OF CHLORINE		PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS		
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DIA. OF LINER FT. <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL		
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT?		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER		
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		LINER PACKER DETAILS		
CONTRACTOR'S SIGNATURE David R. Hor		TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER <input type="checkbox"/> BOOT		
DATE 9/26/96		DEPTH(S) SET		
		LINER GROUT DETAILS		
		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS		
		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR		
		DEPTH PUMP WAS SET FT.		
		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.		
		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.		
		DEEPENING OF WELL INFORMATION		
		FROM DEPTH TO FORMATION DESCRIPTION YIELD		



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO <b>165146</b>			
ROUTE	P.W.S. NUMBER	CHECK NUMBER	
STATE WELL NUMBER		TRANSMITTAL NO.	
CHECKED BY		CROSS REFERENCE NO.	
APPROVED BY	DATE	ENTERED	Ph 1 Ph 2 Ph 3

**INFORMATION SUPPLIED BY OWNER**

NAME <b>Broski Brothers Inc</b>		TELEPHONE <b>816-861-8000</b>	
ADDRESS <b>6400 E 35<sup>th</sup></b>		CITY <b>Kansas City</b>	STATE <b>mo</b>
ZIP CODE <b>64129</b>			
SITE NAME <b>All-Brile</b>		WELL NUMBER <b>OWAB-211A</b>	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) <b>39<sup>th</sup> and Belmont</b>
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <b>Property Owner</b>		CITY <b>Kansas City</b>	STATE <b>mo</b>
ZIP CODE <b>64129</b>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER <b>n/a</b>
WELL CERTIFICATION NUMBER <b>1985</b>		DATE ORIGINALLY DRILL <b>1985</b>	
SIGNATURE (WELL OWNER)		DATE	

**INFORMATION SUPPLIED BY CONTRACTOR**

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS		<b>LOCATION OF WELL</b> SHOW LOCATION IN SECTION PLAT	
<p>I-70 1 mi. to 435 → ↑ North 1 mi. to Manchester 1/2 mi. to Raytown RD. 1/4 mi. to Fuller Private Dr. 39th</p>		QUAD <b>Kansas City</b> COUNTY <b>Jackson</b> ELEV <b>2</b> AREA NO. <b>2</b>	
SMALLEST % <b>SW</b> % <b>NW</b> % <b>NE</b> % <b>SE</b> %		LARGEST %	
SEC. <b>24</b> TWN. <b>49</b> N.RNG. <b>33</b> E OR		LAT. _____ LONG. _____	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <b>Well is located at treated lagoon site approx 4 mi. west of the intersection of 39th and Fuller</b>			

CONTRACTOR'S NAME <b>David Ritter</b>	PERMIT NUMBER <b>001172 m</b>	DRILLERS NAME <b>Rick Bridges</b>	PERMIT NUMBER <b>001171 m</b>
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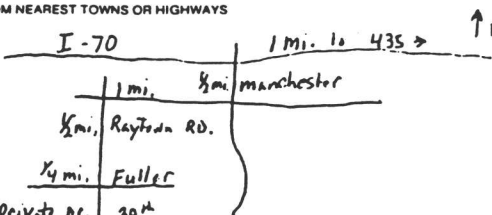
<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MONITORING <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> OTHER		DATE RECONSTRUCTION COMPLETED	
ORIGINAL DRILLER (IF KNOWN) <b>Layne Western</b>		DATE ORIGINALLY DRILLED <b>1985</b>	
DATE PLUGGED <b>8-7-96</b>	STATIC WATER LEVEL FT.	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN.
DEPTH OF THE WELL <b>22.9</b>	LENGTH OF CASING <b>13.9</b>	CASING DIA. <b>2"</b> HOLE DIA. <b>2"</b>	WAS WELL DISINFECTED AFTER RECONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO
GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	LENGTH OF CASING ADDED MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC
GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FUSE <input type="checkbox"/> WELDED <input type="checkbox"/> GLUE <input type="checkbox"/> COUPLED	
GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	
NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> OTHER <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS		DIA. OF LINER IN.	
NUMBER OF BAGS OF GROUT USED <b>2</b>		WEIGHT OR SDR #	
POUNDS OF GROUT PER BAG <b>94</b>		DEPTH TO THE TOP OF LINER FROM SURFACE FT.	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <b>6</b>		MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL	
TYPE OF FILL MATERIAL USED <b>Grout, Bentonite slurry</b>		JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
AMOUNT OF FILL MATERIAL USED <b>2.0</b>		FT.	
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE <b>2.0</b>		LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT	
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS	
NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE		MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EAR BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH PUMP WAS SET FT.	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT?		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.	
<b>CHECK THE BOX WHICH APPLIES</b>		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.	
<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		<b>DEEPENING OF WELL INFORMATION</b>	
<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		FROM TO FORMATION DESCRIPTION YIELD	
CONTRACTOR'S SIGNATURE <b>David Ritter</b>		DATE <b>9/26/96</b>	



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF. NO.	165147		
ROUTE	P.W.S. NUMBER	CHECK NUMBER	
STATE WELL NUMBER	TRANSMITTAL NO.		
CHECKED BY	CROSS REFERENCE NO.		
APPROVED BY	DATE	ENTERED	
		Ph 1	Ph 2 Ph 3

<b>INFORMATION SUPPLIED BY OWNER</b>			
NAME <i>Braske Brothers Inc.</i>		TELEPHONE <i>816-861-8000</i>	
ADDRESS <i>6400 E 35th</i>		CITY <i>Kansas City</i>	STATE <i>MO</i> ZIP CODE <i>64129</i>
SITE NAME <i>All-Brite</i>		WELL NUMBER <i>OWAB-211C</i>	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) <i>39th and Belmont</i>
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <i>Property owner</i>		CITY <i>Kansas City</i>	STATE <i>MO</i> ZIP CODE <i>64129</i>
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VARIANCE NUMBER: WELL CERTIFICATION NUMBER <i>n/a</i> DATE ORIGINALLY <i>1985</i>
SIGNATURE (WELL OWNER) DATE			

<b>INFORMATION SUPPLIED BY CONTRACTOR</b>	
SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS	
	
<b>LOCATION OF WELL</b> SHOW LOCATION IN SECTION PLAT QUAD <i>Kansas City</i> COUNTY <i>Jackson</i> ELEV. AREA NO. <i>2</i> SMALLEST % LARGEST % <i>SW % NW % NE % SE %</i> SEC. <i>24</i> TWN. <i>49</i> N. RING. <i>33</i> LAT. LONG.	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <i>Well is located at the intersection of 39th and Fuller, approximately 4 miles west of the intersection of 39th and Fuller.</i>	

CONTRACTOR'S NAME <i>David Ritter</i>		PERMIT NUMBER <i>001172 m</i>	DRILLERS NAME <i>Rick Bridges</i>	PERMIT NUMBER <i>001171 m</i>
<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>		
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER		
ORIGINAL DRILLER (IF KNOWN) <i>Layne Western</i>		DATE ORIGINALLY DRILLED <i>1985</i>		
DATE PLUGGED <i>8-8-96</i>	STATIC WATER LEVEL FT.	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIA. OF WELL CASING IN.	WAS WELL DISINFECTED AFTER RECONSTRUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OF THE WELL <i>57.5</i>	LENGTH OF CASING <i>48.5</i>	CASING DIA. <i>2"</i>	HOLE DIA. <i>2"</i>	DATE RECONSTRUCTION COMPLETED
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE	CASING CUT OFF THREE FEET BELOW SURFACE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CASING <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	<b>RAISED CASING INFORMATION</b> LENGTH OF CASING ADDED MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input type="checkbox"/> COUPLED	
GROUT MATERIAL USED NEAT CEMENT <input type="checkbox"/> HI-EARLY <input type="checkbox"/> BENTONITE SLURRY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER	BENTONITE <input type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED <i>4</i> POUNDS OF GROUT PER BAG <i>94</i>	<b>LINER DETAILS</b> PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS DIA. OF LINER WEIGHT OR SD	
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <i>6</i>		DEPTH TO THE TOP OF LINER FROM SURFACE FT. <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL		
TYPE OF FILL MATERIAL USED <i>Grout Bentonite Slurry</i>		AMOUNT OF LINER USED FT. <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER		
AMOUNT OF FILL MATERIAL USED <i>2.0</i>		CIRCLE OF CU. YDS./TONS		
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE <i>2.0</i>		<b>LINER PACKER DETAILS</b> TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER <input type="checkbox"/> BOOT DEPTH(S) SET		
WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE POUNDS OF CHLORINE TABLETS OF CHLORINE	<b>LINER GROUT DETAILS</b> POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI-EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR		
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH PUMP WAS SET FT.		
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:		DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT.		
<b>CHECK THE BOX WHICH APPLIES</b>		DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT.		
<input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		<input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		
CONTRACTOR'S SIGNATURE <i>David Ritter</i>		DATE <i>9/26/96</i>		



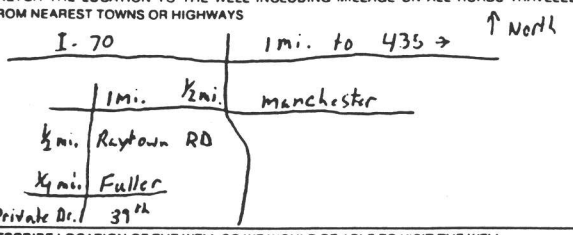
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

<b>OFFICE USE ONLY</b>		DATE RECEIVED	
REF NO <b>165149</b>			
ROUTE	P.W.S. NUMBER	CHECK NUMBER	
STATE WELL NUMBER	TRANSMITTAL NO.		
CHECKED BY	CROSS REFERENCE NO.		
APPROVED BY	DATE	ENTERED	
		Ph 1	Ph 2 Ph 3


**INFORMATION SUPPLIED BY OWNER**

NAME <b>Broski Brothers Inc.</b>		TELEPHONE <b>816-861-8000</b>	
ADDRESS <b>6400 E 35<sup>th</sup></b>	CITY <b>Kansas City</b>	STATE <b>Mo</b>	ZIP CODE <b>64129</b>
SITE NAME <b>All-Brite</b>	WELL NUMBER <b>P-205</b>	ADDRESS OF WELL SITE OR SITE NAME (IF DIFFERENT THAN ABOVE) <b>39<sup>th</sup> and Belmont</b>	
OWNER STATUS: <input type="checkbox"/> BUILDER <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <b>Property owner</b>		CITY <b>Kansas City</b>	STATE <b>Mo.</b>
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> MINERAL EXPLORATORY <input type="checkbox"/> WELL RECONSTRUCTION TEST HOLE <input type="checkbox"/> OTHER		ZIP CODE <b>64129</b>	DATE ORIGINALLY DRILL <b>1985</b>
VARIANCE ISSUED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VARIANCE NUMBER:	WELL CERTIFICATION NUMBER <b>N/A</b>
		SIGNATURE (WELL OWNER) <b>DATE</b>	

**INFORMATION SUPPLIED BY CONTRACTOR**

SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVELED FROM NEAREST TOWNS OR HIGHWAYS 		<b>LOCATION OF WELL</b> SHOW LOCATION IN SECTION PLAT QUAD <b>Kansas City</b> COUNTY <b>Jackson</b> ELEV _____ AREA NO. <b>2</b> SMALLEST 1/4 _____ LARGEST 1/4 _____ SEC. <b>24</b> TWN. <b>49</b> N. RANG. <b>33</b> E OR G LAT. _____ LONG. _____	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <b>Well is located at Husted Lagoon Site approx 1/4 mi. west of the intersection of 39<sup>th</sup> and Fuller</b>			

CONTRACTOR'S NAME <b>David Ritter</b>	PERMIT NUMBER <b>001172 M</b>	DRILLERS NAME <b>Rick Bridges</b>	PERMIT NUMBER <b>001171 M</b>
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<b>ABANDONMENT OF WELLS</b>		<b>WELL RECONSTRUCTION</b>	
FORMER USE OF WELL <input type="checkbox"/> HAND DUG <input type="checkbox"/> SOIL BORING <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MINERAL EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
ORIGINAL DRILLER (IF KNOWN) <b>Layne Western</b>		DATE ORIGINALLY DRILLED <b>1985</b>	
DATE PLUGGED <b>8-7-96</b>	STATIC WATER LEVEL FT. _____	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE RECONSTRUCTION COMPLETED
DEPTH OF THE WELL <b>21.2</b>	LENGTH OF CASING <b>12.2</b>	CASING DIA. <b>2"</b> HOLE DIA. <b>2"</b>	LENGTH OF CASING ADDED FT. _____
GROUT INSTALLATION METHOD <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> TREMIE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING CUT OFF THREE FEET BELOW SURFACE? <input type="checkbox"/> STEEL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER	RAISED CASING INFORMATION MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC METHOD OF ATTACHMENT <input type="checkbox"/> THREADED <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> GLUED <input type="checkbox"/> COUPLED	
GROUT MATERIAL USED <input type="checkbox"/> NEAT CEMENT <input type="checkbox"/> BENTONITE SLURRY <input checked="" type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> OTHER	BENTONITE <input checked="" type="checkbox"/> POWDER <input type="checkbox"/> GRANULAR <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS	NUMBER OF BAGS OF GROUT USED <b>2</b>	PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS
HOW MANY GALLONS WATER MIXED PER BAG OF CEMENT OR BENTONITE? <b>6</b>	TYPE OF FILL MATERIAL USED <b>Grout Bentonite Slurry</b>	AMOUNT OF FILL MATERIAL USED CU. YDS./TONS <b>2.0</b>	DIA. OF WELL CASING IN. _____ WAS WELL DISINFECTED AFTER RECONSTRUCTION IN. <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH TO TOP OF FILL MATERIAL FROM SURFACE <b>2.0</b>	WELL DISINFECTED BEFORE PLUGGING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER USED FOR DISINFECTION GALLONS OF CHLORINE _____ POUNDS OF CHLORINE _____ TABLETS OF CHLORINE _____	DEPTH TO TOP OF LINER FROM SURFACE FT. _____ MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AMOUNT OF LINER USED FT. _____ JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	
IF YES, WHAT IS THE NAME OF THE WATER DISTRICT:		LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT DEPTH(S) SET	
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.		LINER GROUT DETAILS POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL CEMENT: <input type="checkbox"/> PORTLAND TYPE 1 <input type="checkbox"/> HI EARLY BENTONITE: <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS <input type="checkbox"/> SLURRY <input type="checkbox"/> GRANULAR	
CONTRACTOR'S SIGNATURE 		DATE <b>9/26/96</b>	



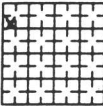
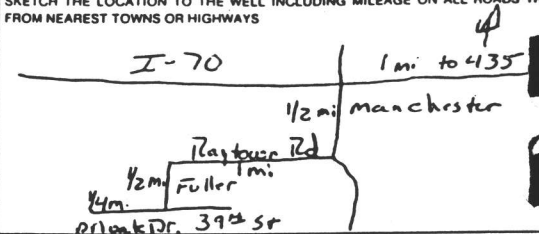
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**REGISTRATION RECORD**

OFFICE USE ONLY		DATE RECEIVED	
REF NO	104759	CHECK NO	
ROUTE		TRANSMITTAL NO	
STATE WELL NUMBER		CROSS REFERENCE NO	
CHECKED BY		ENTERED	Ph 1 Ph 2 Ph 3
APPROVED BY		DATE APPROVED	

**INFORMATION SUPPLIED BY OWNER**

NAME <u>Broski Brothers Inc</u>		TELEPHONE <u>816-861-8000</u>	
ADDRESS <u>6400 E 35th St.</u>	CITY <u>Kansas City</u>	STATE <u>Mo</u>	ZIP CODE <u>64129</u>
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE) <u>39th + Belmont</u>	CITY <u>Kansas City</u>	STATE <u>Mo</u>	ZIP CODE <u>64129</u>
OWNER STATUS: <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property Owner</u>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER		EXISTING WELL CERTIFICATION NUMBER <u>Well Installed prior to certification</u> SIGNATURE (WELL OWNER) _____ DATE _____	

**INFORMATION SUPPLIED BY CONTRACTOR**

LOCATION OF WELL SHOW LOCATION IN SECTION PLAT  SMALLEST 1/4 <u>SW</u> 1/4 <u>NW</u> 1/4 <u>SE</u> 1/4 SEC. <u>24</u> TWN. <u>49</u> N. RANG. <u>33</u> E OR W LAT. _____ LONG. _____		COUNTY <u>Jackson</u> ELEVATION _____ AREA NO. <u>2</u>	SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVEL FROM NEAREST TOWNS OR HIGHWAYS 
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <u>Well is located @ treated lagoon site approx 1/4 mile west of the intersection of Fuller and 39th St</u>			

CONTRACTOR'S NAME <u>David Ritter</u>		PERMIT NUMBER <u>001172 M</u>	
<b>ABANDONMENT OF WELLS</b> DEPTH OF THE WELL <u>24.0'</u> DATE ABANDONED <u>8/7/96</u> FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER DATE ORIGINALLY DRILLED <u>1985</u> PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>N/A</u> ORIGINAL DRILLER (IF KNOWN) <u>Layne Western</u> DESCRIBE METHOD USED TO PLUG WELL <u>Bottom was knocked out of well. Tremie grout bentonite slurry to top of casing. Pulled casing and screen while maintaining grout level. Removed protective casing + concrete pad. Finished top 2.0' with compacted soil fill.</u> COMMENTS (REASON FOR PLUGGING, KNOWN CONTAMINANTS, ETC.) <u>Well is abandoned after lagoon was treated and closed</u>		<b>WELL RECONSTRUCTION</b> TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER RAISED CASING INFORMATION LENGTH OF CASING ADDED METHOD OF ATTACHMENT STEEL CASING <input type="checkbox"/> THREADED <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> GLUED <input type="checkbox"/> COUPLED LINER DETAILS PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS DIAMETER OF LINER WEIGHT OR SIZE MEASURED DEPTH FROM SURFACE TO THE TOP OF LINER FT. _____ MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUED <input type="checkbox"/> THREADED MEASURED DEPTH FROM SURFACE TO BOTTOM OF LINER FT. _____ LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT PACKER 1 FT. _____ PACKER 2 FT. _____ LINER GROUT DETAILS POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS MATERIAL <input type="checkbox"/> CEMENT <input type="checkbox"/> BENTONITE <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS DEPTH PUMP WAS SET GPM _____ DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL FT. _____ DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL FT. _____	
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>DEEPENING OF WELL INFORMATION</b> WELL WAS DEEPEENED FROM _____ FT. DEEP TO _____ FT. DEEP WAS THE WELL DISINFECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CHECK THE BOX WHICH APPLIES</b> <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS. CONTRACTOR'S SIGNATURE <u>David Ritter</u> DATE <u>9/17/96</u> <input type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS REPAIRED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE REPAIR OF WELLS.			



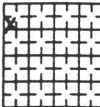
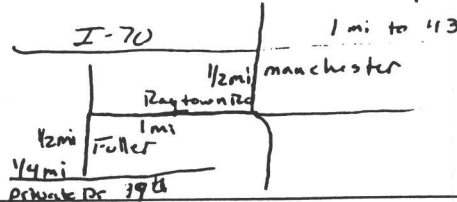
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
REGISTRATION RECORD

OFFICE USE ONLY	DATE RECEIVED
REF NO 104760	CHECK NO
ROUTE	TRANSMITTAL NO
STATE WELL NUMBER	CROSS REFERENCE NO
CHECKED BY	ENTERED Ph 1 Ph 2 Ph 3
APPROVED BY	DATE APPROVED

INFORMATION SUPPLIED BY OWNER

NAME <u>Brush Brothers Inc.</u>		TELEPHONE <u>816-861-8000</u>	
ADDRESS <u>6400 E 35th</u>	CITY <u>Kansas City</u>	STATE <u>MO</u>	ZIP CODE <u>64129</u>
ADDRESS OF WELL SITE (IF DIFFERENT THAN ABOVE) <u>39th &amp; Belmont</u>	CITY <u>Kansas City</u>	STATE <u>MO</u>	ZIP CODE <u>64129</u>
OWNER STATUS <input type="checkbox"/> PRIVATE HOME OWNER <input type="checkbox"/> BUILDER <input type="checkbox"/> DEVELOPER <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>Property Owner</u>			
PURPOSE OF REGISTRATION FORM <input checked="" type="checkbox"/> ABANDONED WELL <input type="checkbox"/> TEST HOLE REPORT <input type="checkbox"/> WELL RECONSTRUCTION <input type="checkbox"/> OTHER		EXISTING WELL CERTIFICATION NUMBER <u>Wells installed prior to certification</u> SIGNATURE (WELL OWNER) _____ DATE _____	

INFORMATION SUPPLIED BY CONTRACTOR

LOCATION OF WELL SHOW LOCATION IN SECTION PLAT 		COUNTY <u>Jackson</u>	SKETCH THE LOCATION TO THE WELL INCLUDING MILEAGE ON ALL ROADS TRAVEL FROM NEAREST TOWNS OR HIGHWAYS 
ELEVATION _____ AREA NO. <u>2</u>		SMALLEST 1/4 _____ LARGEST 1/4 _____ SW 1/4 NW 1/4 NE 1/4 SE 1/4 SEC. <u>24</u> TWN. <u>49</u> N. RING. <u>33</u> E OR W _____	
LAT. _____ LONG. _____		DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT THE WELL <u>Well is located @ treated lagoon site 1/4 mile west of the intersection of 39th and Fuller</u>	

CONTRACTOR'S NAME <u>David Ritter</u>		PERMIT NUMBER <u>001172M</u>	
ABANDONMENT OF WELLS		WELL RECONSTRUCTION	
DEPTH OF THE WELL <u>Well # 02W13-2096</u> <u>550'</u>	DATE ABANDONED <u>8/7/96</u>	TYPE OF REPAIR <input type="checkbox"/> RAISED CASING <input type="checkbox"/> LINING OF WELL <input type="checkbox"/> DEEPENING OF WELL <input type="checkbox"/> OTHER	
FORMER USE OF WELL <input type="checkbox"/> DOMESTIC (1 TO 3 CONNECTIONS) <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> EXPLORATORY TEST HOLE <input type="checkbox"/> HEAT PUMP <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		RAISED CASING INFORMATION LENGTH OF CASING ADDED _____ METHOD OF ATTACHMENT STEEL CASING <input type="checkbox"/> THREADED <input type="checkbox"/> PLASTIC <input type="checkbox"/> FUSED <input type="checkbox"/> WELDED <input type="checkbox"/> CASING <input type="checkbox"/> GLUED <input type="checkbox"/> COUPLED	
DATE ORIGINALLY DRILLED <u>1985</u>	PUMP REMOVED FROM WELL? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>N/A</u>	LINER DETAILS PURPOSE OF LINER <input type="checkbox"/> USED ONLY TO HOLD BACK FORMATION <input type="checkbox"/> USED TO SEAL OUT CONTAMINATION OR OTHER CONDITIONS	DIAMETER OF LINER _____ WEIGHT OR SDR _____
ORIGINAL DRILLER (IF KNOWN) <u>Layne Western</u>		MEASURED DEPTH FROM SURFACE TO THE TOP OF LINER _____ FT. MEASURED DEPTH FROM SURFACE TO BOTTOM OF LINER _____ FT.	
DESCRIBE METHOD USED TO PLUG WELL <u>Bottom was knocked out at well. Truncated gravel bentonite slurry to top casing. Pulled casing and screen while maintaining gravel level. Removed protective casing and concrete pad. Finished top 2.0' with compacted soil fill.</u>		DIAMETER OF WELL CASING _____ FT. MATERIAL <input type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL JOINTS <input type="checkbox"/> GLUE <input type="checkbox"/> WELD	
COMMENTS (REASON FOR PLUGGING, KNOWN CONTAMINANTS, ETC.) <u>Lagoon was treated and closed</u>		LINER PACKER DETAILS TYPE USED <input type="checkbox"/> NONE <input type="checkbox"/> RUBBER BOOT	DEPTHS SET PACKER 1 _____ FT. PACKER 2 _____ FT. PACKER 3 _____ FT.
		LINER GROUT DETAILS POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BETWEEN PACKERS	MATERIAL <input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLET
WAS THE WELL ABANDONED BECAUSE OF HOOKING UP TO A PUBLIC OR RURAL WATER SUPPLY DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPTH PUMP WAS SET _____ GPM	DEPTH FROM SURFACE TO TOP OF THE GROUT SEAL _____ FT. DEPTH FROM SURFACE TO BOTTOM OF THE GROUT SEAL _____ FT.
CHECK THE BOX WHICH APPLIES <input checked="" type="checkbox"/> I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS ABANDONED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE ABANDONMENT OF WELLS.		DEEPENING OF WELL INFORMATION WELL WAS DEEPEND FROM _____ FT. DEEP TO _____ FT. DEEP WAS THE WELL DISINFECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR'S SIGNATURE <u>David Ritter</u>		DATE <u>9/17/96</u>	



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**MONITORING WELL  
CERTIFICATION RECORD**

OFFICE USE ONLY

DATE RECEIVED

REF NO

146303

R 210 A1

C.R. NO

STATE WELL NUMBER

CHECKED BY

APPROVED BY

Reinstalled

MW-210 A

**INFORMATION SUPPLIED BY MONITORING WELL CONTRACTOR**

SITE/FACILITY NAME <u>All-Brite</u>		WELL NUMBER <u>MW-210A</u>	
SITE ADDRESS <u>35th and Belmont</u>		CITY <u>Kansas City</u>	STATE <u>Mo</u>
OWNER NAME <u>Broski Brothers Inc.</u>		TELEPHONE <u>816-861-8000</u>	ZIP CODE <u>64111</u>
OWNER ADDRESS <u>6400 E 35th St</u>		CITY <u>Kansas City</u>	STATE <u>Mo</u>
VARIANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE ISSUED	COUNTY <u>Jackson</u>
VARIANCE NUMBER <u>V</u>		SURFACE ELEVATION	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT IT <u>Well is located 1/4 mile west and 1/4 mile north of the intersection of 35th and Fuller Rd.</u>			
SMALLEST " <u>SW</u> " <u>NW</u> " <u>NW</u> " <u>SE</u>		LAT. _____ LONG. _____	
SEC. <u>24</u> TWN. <u>49</u> N. R. NG. <u>33</u>			

**MONITORING WELL INSTALLATION  
CONTRACTOR'S NAME**

David Ritter

PERMIT  
NUMBER

001172

**DRILLING CONTRACTOR'S  
NAME**

PERMIT  
NUMBER

**WELL CONSTRUCTION INFORMATION**

TYPE OF WELL <input checked="" type="checkbox"/> MONITORING WELL <input type="checkbox"/> PIEZOMETER <input type="checkbox"/> OTHER	HAZARDOUS MATERIAL <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER <input type="checkbox"/> L.U.S.T.	MONITORING FOR: (CHECK ALL THAT APPLY) <input type="checkbox"/> V.O.C. <input checked="" type="checkbox"/> METALS <input type="checkbox"/> PETROLEUM <input type="checkbox"/> OTHER ONLY						
PRO-TECTIVE CASING DETAILS (IF USED)	LENGTH FT.	DIAMETER OF CASING IN.	WEIGHT OR SDR #	DIAMETER AND DEPTH OF DRILL HOLE IN FT.	JOINTS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	THREADED <input type="checkbox"/> WELDED	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> THERMO PLASTIC <input type="checkbox"/> FLUORO POLYMER	LOCKING <input type="checkbox"/> YES <input type="checkbox"/> NO
CAP VENTED <input type="checkbox"/> YES <input type="checkbox"/> NO WEEP HOLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASING GROUT DETAILS	MATERIAL <input type="checkbox"/> CEMENT <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER	DEPTH FROM THE SURFACE TO THE BOTTOM OF THE CASING GROUT SEAL <u>2.5</u> FT.	TYPE OF SURFACE COMPLETION <input checked="" type="checkbox"/> ABOVE GROUND <input type="checkbox"/> FLUSH MOUNT	DESCRIBE HOW THE FLUSH WAS CONSTRUCTED			
CENTRALIZER USED <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	ON RISER	LOCATED AT	MATERIAL <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> OTHER					
RISER PIPE DETAILS	LENGTH <u>10</u> FT.	DIAMETER OF RISER PIPE <u>2</u> IN.	WEIGHT OR SDR # <u>0.70</u> <u>10.5/ft</u>	DIAMETER OF DRILL HOLE <u>8</u> IN.	JOINTS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	THREADED <input checked="" type="checkbox"/> WELDED	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> THERMO PLASTIC <input checked="" type="checkbox"/> OTHER <u>PVC</u>	FLUORO POLYMER
ANNULAR SEAL	<input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> NON SLURRY BENTONITE TYPE: _____	<input checked="" type="checkbox"/> CEMENT/BENTONITE SLURRY BAGS OF CEMENT USED <u>1</u> % BENTONITE USED <u>5</u> WATER USED/BAG <u>7</u> GAL.	BENTONITE SEAL	MATERIAL <input type="checkbox"/> BENTONITE <input checked="" type="checkbox"/> SLURRY <input checked="" type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS	LENGTH OF SEAL <u>2.5'</u>	BENTONITE <input checked="" type="checkbox"/> UNSATURATED ZONE <input type="checkbox"/> SATURATED		
PRIMARY FILTER PACK	TYPE <input checked="" type="checkbox"/> SAND <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> NATURAL	GRAIN SIZE <u>10-20</u>	LENGTH OF FILTER PACK <u>15</u> FT.	METHOD OF INSTALLATION <u>Tremie</u>	Information in this column to be supplied in the Feet from Surface column			
SECONDARY FILTER PACK	TYPE <input type="checkbox"/> SAND <input type="checkbox"/> MANUFACTURED <input checked="" type="checkbox"/> NONE	GRAIN SIZE	LENGTH OF FILTER PACK FT.	METHOD OF INSTALLATION	Depth to bottom of Protective Casing Seal: <u>2.5</u>			
WELL SCREEN	LENGTH OF SCREEN <u>12</u> FT.	DIAMETER <u>2</u> IN.	SLOT SIZE <u>0.010</u>	WEIGHT OR SDR # <u>0.70</u> <u>10.5/ft</u>	MATERIAL <input checked="" type="checkbox"/> PLASTIC <input type="checkbox"/> STEEL <input type="checkbox"/> FLUORO POLYMER	Depth to Base of Annular Seal: <u>3.0</u>		
SUMP DETAILS	LENGTH OF SUMP <u>N/A</u>	DIAMETER OF SUMP	MATERIAL <input type="checkbox"/> PVC <input type="checkbox"/> STEEL <input type="checkbox"/> FLUORO POLYMER <input type="checkbox"/> OTHER	Depth to Base of Bentonite Seal: <u>5.5</u>				
BACK FILL	WAS THE WELL BACK FILLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MATERIAL USED	LENGTH OF BACK FILLED BORE HOLE			Depth to Top of Primary Filter Pack: <u>5.5</u>		
STATIC WATER LEVEL <u>12.3</u>		FEET FROM MEASURING POINT		MULTIPLE CASED WELLS		Depth to Top of the Screen: <u>8.0</u>		
DATE OF STATIC WATER LEVEL <u>8/16/96</u>		MEASURING POINT FOR STATIC WATER LEVEL IS <input checked="" type="checkbox"/> TOP OF RISER PIPE <input type="checkbox"/> OTHER		DRILLING EQUIPMENT <input type="checkbox"/> AIR ROTARY <input checked="" type="checkbox"/> AUGER TYPE <u>Hollow Stem</u> <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> OTHER		Depth to Bottom of the Screen: <u>20.0</u>		
ELEVATION OF MEASURING POINT						Total Depth: <u>20.0</u>		
						DATE WELL DRILLING WAS COMPLETED <u>8/15/96</u>		

I HEREBY CERTIFY THAT THE MONITORING WELL HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF MONITORING WELLS.

SIGNATURE PRIMARY CONTRACTOR/PERMIT # David Ritter DATE 8/21/96 SIGNATURE DRILLER/PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

MO 780-1415 (7-95)

DISTRIBUTION: WHITE/DIVISION CANARY/MONITORING WELL CONTRACTOR PINK/OWNER  
MAIL WHITE COPY TO: DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 250, ROLLA, MO 65402  
ENCLOSE \$35 PER MONITORING WELL FOR THE CERTIFICATION FEE WITHIN 60 DAYS AFTER WELL COMPLETION



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF GEOLOGY AND  
LAND SURVEY  
**MONITORING WELL  
CERTIFICATION RECORD**

OFFICE USE ONLY

DATE RECEIVED

REF NO

146304

C.R. NO

CHECK NO

STATE WELL NUMBER

TRANSMITTAL NO

CHECKED BY

ROUTE

APPROVED BY

ENTERED

Ph 1 Ph 2 Ph 3

INFORMATION SUPPLIED BY MONITORING WELL CONTRACTOR

SITE/FACILITY NAME <u>All-Brite</u>		WELL NUMBER <u>R210A2</u>	
SITE ADDRESS <u>39th + Belmont</u>		CITY <u>Kansas City</u>	STATE <u>Mo</u> ZIP CODE <u>64129</u>
OWNER NAME <u>Bruski Brothers Inc.</u>		TELEPHONE <u>816-861-8000</u>	
OWNER ADDRESS <u>6400 E 35th St.</u>		CITY <u>Kansas City</u>	STATE <u>Mo</u> ZIP CODE <u>64129</u>
VARIANCE ISSUED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE ISSUED VARIANCE NUMBER <u>V</u>	LOCATION OF WELL SHOW LOCATION IN SECTION PLAT COUNTY <u>Jackson</u> SURFACE ELEVATION _____	
DESCRIBE LOCATION OF THE WELL SO WE WOULD BE ABLE TO VISIT IT <u>Well is located 1/4 mile west and 1/4 mile north at the intersection of 39th and Belmont</u>		SMALLEST 1/4 <u>SW 1/4 NW 1/4 NW 1/4 SE 1/4</u> SEC. <u>24</u> TWN. <u>49</u> N. R. G. <u>33</u> E. OR LAT. _____ LONG. _____	

MONITORING WELL INSTALLATION CONTRACTOR'S NAME <u>David R. Her</u>	PERMIT NUMBER <u>001172 M</u>
DRILLING CONTRACTOR'S NAME	PERMIT NUMBER

WELL CONSTRUCTION INFORMATION

TYPE OF WELL <input checked="" type="checkbox"/> MONITORING WELL <input type="checkbox"/> PIEZOMETER <input type="checkbox"/> OTHER	TYPE OF POTENTIAL SITE <input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER <input type="checkbox"/> L.U.S.T. <u>Lagoon</u>	MONITORING FOR: (CHECK ALL THAT APPLY) <input type="checkbox"/> V.O.C. <input checked="" type="checkbox"/> METALS <input type="checkbox"/> PETROLEUM PRODUCT <input type="checkbox"/> OTHER ONLY	
PROTECTIVE CASING DETAILS (IF USED) LENGTH _____ FT. DIAMETER OF CASING _____ IN. WEIGHT OR SDR # _____ DIAMETER AND DEPTH OF DRILL HOLE _____ IN. FT. JOINTS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> THREADED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	MATERIAL <input type="checkbox"/> CEMENT <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER DEPTH FROM THE SURFACE TO THE BOTTOM OF THE CASING GROUT SEAL _____ FT. <u>1.0</u>	MATERIAL <input type="checkbox"/> THERMO PLASTIC <input type="checkbox"/> STEEL <input type="checkbox"/> FLUORO POLYMER LOCKING CAP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE HOW THE FLUSH MOUNT WAS CONSTRUCTED <u>4x5 stand up steel casing grouted and concreted into hole</u>
CAP VENTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEEP HOLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASING GROUT DETAILS MATERIAL <input type="checkbox"/> CEMENT <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER	TYPE OF SURFACE COMPLETION <input checked="" type="checkbox"/> ABOVE GROUND <input type="checkbox"/> FLUSH MOUNT	
CENTRALIZER USED ON RISER <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	LOCATED AT _____	MATERIAL <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> OTHER	
RISER PIPE DETAILS LENGTH <u>13</u> FT. DIAMETER OF RISER PIPE <u>2</u> IN. WEIGHT OR SDR # <u>0.70</u> <u>165 lb/ft</u>	DIAMETER OF DRILL HOLE <u>8</u> IN.	JOINTS <input checked="" type="checkbox"/> THREADED <input type="checkbox"/> MECHANICAL <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER	MATERIAL <input type="checkbox"/> THERMO PLASTIC <input type="checkbox"/> STEEL <input type="checkbox"/> FLUORO POLYMER <input checked="" type="checkbox"/> OTHER <u>PVC</u>
ANNULAR SEAL <input type="checkbox"/> CEMENT SLURRY <input type="checkbox"/> BENTONITE SLURRY <input type="checkbox"/> NON SLURRY BENTONITE TYPE: _____	<input checked="" type="checkbox"/> CEMENT/BENTONITE SLURRY BAGS OF CEMENT USED <u>1</u> % BENTONITE USED <u>5</u> WATER USED/BAG <u>1</u> GAL	BENTONITE SEAL MATERIAL <input type="checkbox"/> BENTONITE <input checked="" type="checkbox"/> SLURRY <input checked="" type="checkbox"/> CHIPS <input type="checkbox"/> GRANULAR <input type="checkbox"/> PELLETS	LENGTH OF SEAL <u>50</u> BENTONITE SEAL INSTALLED IN <input checked="" type="checkbox"/> UNSATURATED ZONE <input type="checkbox"/> SATURATED ZONE
PRIMARY FILTER PACK TYPE <input checked="" type="checkbox"/> SAND <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> NATURAL	GRAIN SIZE <u>10-20</u>	LENGTH OF FILTER PACK <u>7.7</u> FT.	METHOD OF INSTALLATION <u>Tremie</u>
SECONDARY FILTER PACK TYPE <input type="checkbox"/> SAND <input type="checkbox"/> MANUFACTURED <input checked="" type="checkbox"/> NONE	GRAIN SIZE	LENGTH OF FILTER PACK _____ FT.	METHOD OF INSTALLATION
WELL SCREEN LENGTH OF SCREEN <u>5.0</u> FT.	DIAMETER <u>2</u> IN.	SLOT SIZE <u>0.010"</u>	WEIGHT OR SDR # <u>0.70</u> <u>165 lb/ft</u>
SUMP DETAILS LENGTH OF SUMP	DIAMETER OF SUMP	MATERIAL <input type="checkbox"/> PVC <input type="checkbox"/> STEEL <input type="checkbox"/> FLUORO POLYMER <input type="checkbox"/> OTHER	DEPTH TO BASE OF BENTONITE SEAL <u>8.3</u>
BACK FILL WAS THE WELL BACK FILLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MATERIAL USED	LENGTH OF BACK FILLED BORE HOLE	DEPTH TO TOP OF PRIMARY FILTER PACK <u>8.3</u>
STATIC WATER LEVEL FEET FROM MEASURING POINT	MULTIPLE CASED WELLS SUBMIT ADDITIONAL AS BUILT DIAGRAM SHOWING WELL CONSTRUCTION DETAILS INCLUDING TYPE AND SIZE OF ALL CASING, HOLE DIAMETERS, AND GROUT USED.		DEPTH TO TOP OF THE SCREEN <u>11.0</u>
DATE OF STATIC WATER LEVEL	MEASURING POINT FOR STATIC WATER LEVEL IS <input type="checkbox"/> TOP OF RISER PIPE <input type="checkbox"/> OTHER		DEPTH TO BOTTOM OF THE SCREEN <u>16.0</u>
ELEVATION OF MEASURING POINT	DRILLING EQUIPMENT <input type="checkbox"/> AIR ROTARY <input checked="" type="checkbox"/> AUGER TYPE <u>Holland</u> <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> OTHER		TOTAL DEPTH <u>16.0</u> DATE WELL DRILLING WAS COMPLETED

I HEREBY CERTIFY THAT THE MONITORING WELL HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF MONITORING WELLS.

SIGNATURE PRIMARY CONTRACTOR/PERMIT # <u>David R. Her</u>	DATE <u>10/7/94</u>	SIGNATURE DRILLER/PERMIT #	DATE
--	------------------------	----------------------------	------

MO 780-1415 (7-95)

DISTRIBUTION: WHITE/DIVISION CANARY/MONITORING WELL CONTRACTOR PINK/OWNER  
MAIL WHITE COPY TO DEPARTMENT OF NATURAL RESOURCES, P.O. BOX 250, ROLLA, MO 65402

REC'D FILED

## APPENDIX 2



LABORATORIES, INC.

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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

<b>Report To:</b> Paul Taylor Taylor Environmental Inc. Route 1 Box 48  Quitman, MO 64478
--

<b>Sample Information:</b> Work Order: 3609.0047 Sample No: 3600077 Date Collected: 09/27/96 12:00 AM Date Received: 09/30/96 01:25 PM Collector: Paul Taylor Collector Phone: 816-725-4734 Matrix: water
--

<b>Site Information/ Sample Description:</b>  092796-1
--

<b>Comments:</b>  
--------------------------

Analysis	Analysis Result	Detection Limit	Method	Analyst	Date Analyzed
----------	-----------------	-----------------	--------	---------	---------------

**Determination of metals.**

Cadmium, total	< 0.01 mg/L	0.01	EPA 200.7	TAR	10/01/96
Chromium, total	< 0.05 mg/L	0.05	EPA 200.7	TAR	10/01/96
Iron, total	3.52 mg/L	0.03	EPA 200.7	TAR	10/02/96
Lead, total	0.007 mg/L	0.005	EPA 239.2	TAR	10/02/96
Manganese, total	0.69 mg/L	0.01	EPA 200.7	TAR	10/02/96
Zinc, total	0.12 mg/L	0.03	EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.

*Paul E. Beebe*

Paul Beebe, Laboratory Manager

< = less than; ug/L = ppb; mg/L = ppm; mg/kg = ppm

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# Keystone

LABORATORIES, INC.  
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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

**Client Information**

Paul Taylor  
Taylor Environmental Inc  
Route 1 Box 48  
  
Quitman, MO 64478

**Work Order Information**

Work Order: 3609.0047  
Sample No: 3600080  
Date Collected: 09/27/96 12:00 AM  
Date Received: 09/30/96 01:25 PM  
Collector: Paul Taylor  
Collector Phone: 816-725-4734  
Matrix: water

**Site Information Sample Description**

092796-2

**Comments**

Analysis	Result	Method	Unit	Date
----------	--------	--------	------	------

### Determination of metals

Cadmium, total	< 0.01 mg/L	0.01	EPA 200.7	TAR	10/01/96
Chromium, total	< 0.05 mg/L	0.05	EPA 200.7	TAR	10/01/96
Iron, total	2.1 mg/L	0.03	EPA 200.7	TAR	10/02/96
Lead, total	0.007 mg/L	0.005	EPA 239.2	TAR	10/02/96
Manganese, total	17.5 mg/L	0.01	EPA 200.7	TAR	10/02/96
Zinc, total	0.03 mg/L	0.03	EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.



Paul Beebe, Laboratory Manager

< = less than; ug/L = ppb; mg/L -- ppm; mg/kg = ppm

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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

Paul Taylor  
Taylor Environmental Inc  
Route 1 Box 48  
  
Quitman, MO 64478

Work Order: 3609.0047  
Sample No: 3600081  
Date Collected: 09/27/96 12:00 AM  
Date Received: 09/30/96 01:25 PM  
Collector: Paul Taylor  
Collector Phone: 816-725-4734  
Matrix: water

092796-3

Analyte	Amount	Unit	Method	Result	Date
---------	--------	------	--------	--------	------

### Determination of metals.

Cadmium, total	< 0.01	mg/L	0.01	EPA 200.7	TAR	10/01/96
Chromium, total	< 0.05	mg/L	0.05	EPA 200.7	TAR	10/01/96
Iron, total	2.39	mg/L	0.03	EPA 200.7	TAR	10/02/96
Lead, total	0.012	mg/L	0.005	EPA 239.2	TAR	10/02/96
Manganese, total	0.07	mg/L	0.01	EPA 200.7	TAR	10/02/96
Zinc, total	0.18	mg/L	0.03	EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.

*Paul E. Beebe*

Paul Beebe, Laboratory Manager

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LABORATORIES, INC

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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

Paul Taylor  
Taylor Environmental Inc  
Route 1 Box 48

Quitman, MO 64478

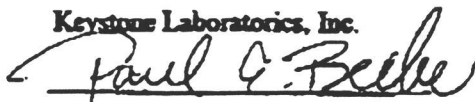
Work Order: 3609.0047  
Sample No: 3600082  
Date Collected: 09/27/96 12:00 AM  
Date Received: 09/30/96 01:25 PM  
Collector: Paul Taylor  
Collector Phone: 816-725-4734  
Matrix: water

092796-4

### Determination of metals.

Cadmium, total	< 0.01 mg/L	0.01	EPA 200.7	TAR	10/01/96
Chromium, total	< 0.05 mg/L	0.05	EPA 200.7	TAR	10/01/96
Iron, total	4.3 mg/L	0.03	EPA 200.7	TAR	10/02/96
Lead, total	0.011 mg/L	0.005	EPA 239.2	TAR	10/02/96
Manganese, total	0.06 mg/L	0.01	EPA 200.7	TAR	10/02/96
Zinc, total	0.57 mg/L	0.03	EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.



Paul Beebe, Laboratory Manager

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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

Paul Taylor  
Taylor Environmental Inc  
Route 1 Box 48

Quitman, MO 64478

Work Order: 3609.0047  
Sample No: 3600083  
Date Collected: 09/27/96 12:00 AM  
Date Received: 09/30/96 01:25 PM  
Collector: Paul Taylor  
Collector Phone: 816-725-4734  
Matrix: water

092796-5

Analysis	Quantity/Result	Detection Limit	Method	Analyst	Date Analyzed
----------	-----------------	-----------------	--------	---------	---------------

### Determination of metals

Cadmium, total	0.17 mg/L	0.01	EPA 200.7	TAR	10/01/96
Chromium, total	<0.05 mg/L	0.05	EPA 200.7	TAR	10/01/96
Iron, total	978 mg/L	0.03	EPA 200.7	TAR	10/02/96
Lead, total	0.009 mg/L	0.005	EPA 239.2	TAR	10/02/96
Manganese, total	37.5 mg/L	0.01	EPA 200.7	TAR	10/02/96
Zinc, total	360 mg/L	0.03	EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.

Paul Beebe, Laboratory Manager

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## ANALYTICAL REPORT

October 10, 1996

Page 1 of 1

Paul Taylor  
 Taylor Environmental Inc  
 Route 1 Box 48  
 Quinman, MO 64478

Work Order: 3609.0047  
 Sample No: 3600084  
 Date Collected: 09/27/96 12:00 AM  
 Date Received: 09/30/96 01:25 PM  
 Collector: Paul Taylor  
 Collector Phone: 816-725-4734  
 Matrix: water

Site Information Sample Description  
 092796-6

Comments

Substrate	Concentration	Method	Analysis	Date
<b>Determination of metals</b>				
Cadmium, dissolved	0.24 mg/L	0.01 EPA 200.7	TAR	10/01/96
Chromium, dissolved	< 0.05 mg/L	0.05 EPA 200.7	TAR	10/01/96
Iron, dissolved	1,190 mg/L	0.03 EPA 200.7	TAR	10/02/96
Lead, dissolved	< 0.005 mg/L	0.005 EPA 239.2	TAR	10/02/96
Manganese, dissolved	38.3 mg/L	0.01 EPA 200.7	TAR	10/02/96
Zinc, dissolved	334. mg/L	0.02 EPA 200.7	TAR	09/30/96

Keystone Laboratories, Inc.  
  
 Paul Beebe, Laboratory Manager

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10-10-1996 12:00PM FROM

# TAYLOR ENVIRONMENTAL, INC.

*Integrated Environmental Systems*

Route 1, Box 48  
Quitman, Missouri 64478

## FIELD NOTES

Telephone  
816/725-4734

Groundwater Monitoring System  
Broaki Bros. Surface Impoundment  
39th and Belmont  
Kansas City, MO 64129

EPA Id. Number MOT300010972

Third Quarter Groundwater Monitoring

September 27, 1996

### QVAB-201 A

Sample Identification Number 092796-1

Casing Diameter 2"

Depth to Water 11.72

Well Depth 22.78

Well Volume 1.80 gallons

Purge Volume 5.40 gallons

Volume Purged 6.00 (near dry)

#### Initial

Temperature	14.8
pH	6.10
Specific Conductance	840

#### At One (1) Well Volume

Temperature	14.1
pH	6.38
Specific Conductance	920

#### At Two (2) Well Volumes

Temperature	13.9
pH	6.11
Specific Conductance	900

#### At Three (3) Well Volumes

Temperature	13.4
pH	6.46
Specific Conductance	855

#### Sample

Temperature	13.5
pH	6.41
Specific Conductance	815

OWAB-212 A

Sample Identification Number 092796-2  
Casing Diameter 2"  
Depth to Water 22.41  
Well Depth 29.41  
Well Volume 1.10 gallons  
Purge Volume 3.40 gallons  
Volume Purged 4.00 (dry)

## Initial

Temperature 14.6  
pH 6.41  
Specific Conductance 1030

## At One (1) Well Volume

Temperature 14.3  
pH 6.52  
Specific Conductance 1090

## At Two (2) Well Volumes

Temperature 14.8  
pH 6.52  
Specific Conductance 1040

## At Three (3) Well Volumes

Temperature 14.3  
pH 6.62  
Specific Conductance 1125

## Sample

Temperature 15.1  
pH 6.55  
Specific Conductance 1020

OWAB-209 A

Sample Identification Number 092796-3  
092796-4

Casing Diameter 2"  
Depth to Water 13.84  
Well Depth 22.66  
Well Volume 1.40 gallons  
Purge Volume 4.30 gallons  
Volume Purged 4.00 (dry)

## Initial

Temperature 16.0  
pH 6.63  
Specific Conductance 730

## At One (1) Well Volume

Temperature 14.8  
pH 6.61  
Specific Conductance 790

OWAB-209 A (cont'd)

## At Two (2) Well Volumes

Temperature	15.8
pH	6.77
Specific Conductance	840

## At Threere (3) Well Volumes (dry prior to full volume)

Temperature	14.7
pH	6.73
Specific Conductance	765

## Sample

Temperature	14.4
pH	6.73
Specific Conductance	850

OWAB-210 A

Sample Identification Number	092796-5
	092796-6 (dissolved)

Casing Diameter 2"

Depth to Water 14.80

Well Depth 21.94

Well Volume 1.17 gallons

Purge Volume 11.70 gallons (development of new well)

Volume Purged 3.00

## Initial

Temperature	17.7
pH	5.54
Specific Conductance	3765

## At One (1) Well Volume

Temperature	17.5
pH	5.56
Specific Conductance	4100

## At Two (2) Well Volumes

Temperature	17.2
pH	5.45
Specific Conductance	4090

## At Three (3) Well Volumes

Temperature	17.0
pH	5.33
Specific Conductance	4310

## At Four (4) Well Volumes

Temperature	17.1
pH	4.74
Specific Conductance	4630

OWAB-210 A (Cont'd)

At Five (5) Well Volume		
Temperature	17.0	
pH	4.41	
Specific Conductance	5140	
At Six (6) Well Volumes		
Temperature	17.9	
pH	4.30	
Specific Conductance	5520	
At Seven (7) Well Volumes		
Temperature	17.8	
pH	4.28	
Specific Conductance	5310	
At Eight (8) Well Volumes		
Temperature	17.4	
pH	4.06	
Specific Conductance	5560	
At Nine (9) Well Volume		
Temperature	17.6	
pH	4.01	
Specific Conductance	5635	
At Ten (10) Well Volumes		9/28/96
Temperature	18.4	
pH	4.17	
Specific Conductance	5320	
At Eleven (11) Well Volumes		
Temperature	18.0	
pH	4.08	
Specific Conductance	5340	
At Twelve (12) Well Volumes		
Temperature	18.2	
pH	4.02	
Specific Conductance	5390	
At Thirteen (13) Well Volumes		
Temperature	18.2	
pH	3.95	
Specific Conductance	5580	
At Fourteen (14) Well Volumes (after lunch)		
Temperature	21.1	
pH	4.04	
Specific Conductance	5440	

OWAB-210 A (Cont'd)

## At Fifteen (15) Well Volumes

Temperature	20.8
pH	3.88
Specific Conductance	5480

## At Sixteen (16) Well Volumes

Temperature	20.0
pH	3.90
Specific Conductance	5570

## At Seventeen (17) Well Volumes

Temperature	20.6
pH	3.80
Specific Conductance	5600

## At Eighteen (18) Well Volumes

Temperature	20.0
pH	3.74
Specific Conductance	5655

## At Nineteen (19) Well Volumes

Temperature	20.0
pH	3.72
Specific Conductance	5440

## At Twenty (20) Well Volumes

Temperature	20.0
pH	3.72
Specific Conductance	5675

## At Twentyone (21) Well Volumes

Temperature	20.0
pH	3.70
Specific Conductance	5675

September 30, 1996

Depth to Water	14.26
Well Depth	22.00
Well Volume	1.26 gallons
Purge Volume	3.80 gallons
Volume Purged	6.50

## Initial

Temperature	19.6
pH	4.08
Specific Conductance	4505

## At One (1) Well Volume

Temperature	19.1
pH	3.68
Specific Conductance	5380

OWAB-210 A (Cont'd)

## At Two (2) Well Volumes

Temperature	19.0
pH	3.71
Specific Conductance	5440

## At Three (3) Well Volumes

Temperature	19.0
pH	3.71
Specific Conductance	5450

## At Four (4) Well Volumes

Temperature	19.4
pH	3.63
Specific Conductance	5550

## At Five (5) Well Volume

Temperature	19.1
pH	3.60
Specific Conductance	5640

## Sample

Temperature	20.1
pH	3.60
Specific Conductance	5640

Temperature measured in degrees C

pH measured in S.U.

Specific Conductivity in umho/cm

# Keystone

LABORATORIES, INC.

## ANALYTICAL REPORT

Page 1 of 1

<b>Client Information</b>
Paul Taylor Taylor Environmental Inc Route 1 Box 48  Quilman, MO 64478

<b>Sample Information</b>
Work Order: 3610.0060 Date Received: 10/14/96 02:00 PM Collector: Paul Taylor Collector Phone: 816-725-4734 Report Date: 10/21/96

<b>Site Information</b>

<b>Comments</b>

Sample No.	Description	Date Collected	Matrix	Analysis	Amount	Unit	Method	Analyst	Date Analyzed
3600250	Braski Well R210A2	10/14/96	water						
	Cadmium, total	0.02	mg/L	0.01	EPA 200.7	8			10/15/96
	Chromium, total	<0.05	mg/L	0.05	EPA 200.7	8			10/14/96
	Iron, total	1.13	mg/L	0.03	EPA 200.7	8			10/15/96
	Lead, total	<0.01	mg/L	0.005	EPA 239.2	8			10/14/96
	Manganese, total	2.95	mg/L	0.01	EPA 200.7	8			10/15/96
	Zinc, total	0.08	mg/L	0.03	EPA 200.7	8			10/14/96

Keystone Laboratories, Inc.



Paul Beebe, Laboratory Manager

< = less than; ug/L = ppb; mg/L = ppm; mg/kg = ppm

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# TAYLOR ENVIRONMENTAL, INC.

## *Integrated Environmental Systems*

Route 1, Box 48  
Quitman, Missouri 64478

Telephone  
816/725-4734

Fax Transmittal

Fax (816) 725-4734

Date: November 11, 1996

From: Paul Taylor

To: George butler Associates  
One Pine Ridge Plaza  
8207 Melrose Drive  
Lenexa, Kansas 66214  
Fax (913) 894-1878

Attn: Jon Kraft

### COMMENTS

Enclosed is the worksheet for the maintenance at the Broski Site.

While working on this project, I also bailed R-210 A1. This work would have been performed on 11/07/96. I found no significant changes in the pH and specific conductance readings. I also was not able to get three full well volumes. On this occasion it appeared that I could only get within "3" feet of the bottom of the well.

Condition	Temperature	pH	Specific Conductance
Initial	13.8	5.77	3020
1 well volume	16.0	5.39	3460
2 well volumes (dry)	16.1	4.66	4100

# TAYLOR ENVIRONMENTAL, INC.

## *Integrated Environmental Systems*

Route 1, Box 48  
Quitman, Missouri 64478

Telephone  
816/725-4734

### FIELD NOTES

Groundwater Monitoring System  
Broski Bros. Surface Impoundment  
39th and Belmont  
Kansas City, MO 64129

EPA Id. Number MOT300010972

Third Quarter Groundwater Monitoring  
(modified to include new -2A well)

October 14, 1996

Should be  
R 210-2A  
→ R-201-2A

Sample Identification Number 101496-1  
Casing Diameter 2"  
Depth to Water 10.72  
Well Depth 17.80  
Well Volume 1.16 gallons  
Purge Volume 3.47 gallons  
Volume Purged 3.50 (near dry)

#### Initial

Temperature 24.0  
pH 6.52  
Specific Conductance 3534

#### At One (1) Well Volume

Temperature 23.1  
pH 6.58  
Specific Conductance 3490

#### At Two (2) Well Volumes

Temperature 22.2  
pH 6.70  
Specific Conductance 3560

#### At Three (3) Well Volumes

Temperature 21.8  
pH 6.77  
Specific Conductance 3520

#### Sample

Temperature 21.8  
pH 6.79  
Specific Conductance 3530

# TAYLOR ENVIRONMENTAL, INC.

## *Integrated Environmental Systems*

Route 1, Box 48  
Quitman, Missouri 64478

Telephone  
816/725-4734

### GROUNDWATER MONITORING DATA

Table 1

201 A

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp	Con
06/27/96	177	<.01	<.05	<.005	0.06	0.05	0.35	0.62	6.7		830
12/20/95	168	<.01	<.05	<.10	0.06	0.05	0.91	4.25	6.6		820
06/20/95	153	<.01	<.05	<.10	<.05	0.04	0.42	0.76	6.6		730
12/07/94	159	0.009	0.011	<.02	0.10	0.062	0.566	2.31	6.8		750
06/23/94	161	0.006	0.006	0.04	0.05	0.069	0.823	1.52	6.7		820
12/03/93	142	0.013	<.005	0.07	0.06	0.077	1.38	1.63	7.0		700
06/09/93	176	0.011	0.005	0.08	0.03	0.044	0.41	1.04	6.7		760
12/23/92	151	0.012	0.006	<.02	0.04	0.066	0.959	2.76	6.9		875
06/18/92	197	0.007	0.009	0.07	0.027	0.070	0.429	0.48	6.9		910
12/06/91	172	<.01	0.01	<.05	0.05	0.13	1.71	4.42	6.9		895
06/04/91	173	<.01	<.01	<.05	0.02	0.07	0.42	1.22	6.9		720
03/28/91	175	<.01	0.01	<.05	0.03	0.07	0.04	4.50	7.1		880
12/06/90	210	<.001	<.01	<.005	<.01	0.085	0.68	0.16	6.52		570
09/26/90	130	<.005	<.04	0.008	<.07	0.18	0.61	3.2	6.5		700
07/10/90	209		<.05	0.05			0.44	5.0	7.0		800
01/28/89			<.01	0.08			0.23	0.24	6.88		
12/02/88	320		<.01	0.02			1.05	0.09	6.08		800
10/13/88	316		<.01	<.02			2.02	0.05	6.6		870
07/14/88	286		<.01	<.02			1.26	4.7	6.6		1000
03/13/88	253		<.01	0.026			0.67	0.062	6.8		900
11/19/87	320		0.062	<.01			1.7	0.25	6.7		925
09/15/87	333		0.013	0.029			2.1	2.7	6.8		900
05/12/87	406		<.01	0.025			1.4	0.035	7.2		900
03/13/87	218		<.01	<.01			1.7	0.048	6.7		2900
12/30/86	463		<.01	<.01			2.5	0.03	6.9		875
08/27/86	195		<.01	<.01			2.5	0.02	6.9		1000
07/08/86	232		<.01	0.022			1.4	0.028	6.9		950
03/21/86	181		<.01	<.01			0.82	0.071			950

Historic  
Monitoring  
Data

## 201 B

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp	Con
12/20/95	Well damaged.		Not possible to take sample								
12/07/94	70.7	0.009	0.011	< 02	0.04	0.058	5.02	18.4	6.7		800
12/03/93	123	0.017	< 005	0.06	0.06	0.082	2.27	7.95	7.5		620
12/23/92	102	0.008	0.012	< 02	< 01	0.076	5.72	24.0	6.9		810
12/06/91	62.8	< 01	0.01	< 05	0.05	0.13	5.69	22.9	6.7		825
06/04/91	104	< 01	< 01	< 05	0.02	0.08	4.28	17.7	6.9		720
03/23/91	79.5	< 01	0.01	< 05	0.05	0.07	4.81	18.8	6.7		805
12/06/90	93.0	0.001	< 01	0.012	0.023	0.075	4.70	12.0	6.69		550
09/26/90	150	< 005	0.042	0.019	< 07	0.83	5.2	15.0	6.67		700
07/10/90	136		< 0.05	0.05			4.65	19.2	6.8		780
01/28/89			< 01	0.05			64.6	57.4	6.9		
04/20/89	166.3		< 01	0.05			4.25	0.11	7.3		817
12/02/88	9.33		< 01	0.06			5.45	3.71	6.4		620
10/13/88	87.		< 01	< 02			4.95	3.86	6.1		600
07/14/88	< 10.		< 0.1	< 02			6.9	38.	6.6		848
03/13/88	78.		< 01	0.023			4.50	0.42	7.2		750
11/19/87	69.		0.033	< 01			5.4	2.9	6.8		800
09/15/87	54.		0.014	0.02			5.8	5.6	6.8		750
05/12/87	556.		< 01	< 01			5.4	0.083	7.1		800
03/13/87	54.		< 01	< 01			4.4	0.22	6.8		800
12/30/86	105.		< 01	< 01			5.4	1.3	7.1		850
08/27/86	26.		< 01	< 01			4.8	1.01	6.9		810
07/08/86	79.		< 01	< 01			4.5	3.5	6.8		840
03/21/86	99.		< 01	< 01			3.3	0.015			950

## 201 C

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp	Con
12/20/95	Well Damaged.		Not possible to take sample								
12/07/94	28.6	0.010	0.009	< 02	0.02	0.063	2.63	9.94	6.9		780
12/03/93	39.8	0.007	0.005	0.13	0.05	0.058	1.94	6.10	8.6		830
12/23/92	31.5	0.009	0.005	0.12	0.04	0.038	2.37	7.92	7.4		800
12/06/91	33.6	< 01	< 01	< 05	0.03	0.09	2.51	8.05	7.3		775
06/04/91	27.5	< 01	< 01	< 05	0.01	0.01	2.48	1.34	7.5		650
03/28/91	26.4	< 01	< 01	< 05	0.02	0.23	1.81	4.06	7.7		790
12/06/90	27.0	< 001	< 01	0.052	< 01	0.036	0.87	0.12	7.15		520
09/26/90	23.0	< 005	0.075	-----	< 07	3.0	1.8	52.0	8.3		600
07/10/90	32.1		< 05	< 05			1.02	3.8	8.4		650
01/28/89			< 01	0.14			0.04	0.30	8.2		
04/20/89	14.8		< 01	0.04			0.83	2.63	11.0		1025
12/02/88	5.49		< 01	0.04			< 01	< 02	10.5		740
10/13/88	43.		< 01	< 02			0.43	0.96	7.3		460
07/14/88	10.		< 01	< 02			3.58	15.7	8.4		520
03/13/88	14.		< 01	0.021			< 01	< 01	11.9		1100
11/19/87	12.		< 01	< 01			0.02	0.09	12.1		2925
09/15/87	8.		< 01	0.036			< 01	0.029	11.8		275
05/12/87	32.		< 01	< 01			0.029	0.038	11.0		800

## 209 A

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp. Con
06/27/96	154	<.01	<.05	0.02	<.025	0.16	0.06	2.64	6.9	840
12/20/95	Insufficient water for a sample									
06/13/95	163	<.01	<.05	<.10	<.05	0.24	0.10	10.8	6.9	890
12/08/94	209	0.011	0.018	<.02	0.03	0.254	0.125	4.23	6.7	920
06/24/94	306	0.008	0.024	0.05	0.11	0.295	0.362	18.2	6.7	1000
12/03/93	172	0.012	0.012	0.26	0.05	0.239	0.252	6.02	6.9	900
06/09/93	196	0.007	0.012	0.05	0.03	0.183	0.12	4.40	6.8	900
12/23/92	255	<.005	0.016	0.05	<.01	0.278	0.238	14.7	6.8	1050
06/18/92	639	0.007	0.037	0.08	0.049	0.322	0.180	9.38	6.7	1200
12/06/91	Insufficient water for a sample									
06/04/92	356	<.01	<.01	0.05	0.02	0.25	0.15	5.18	6.8	1200
03/28/91	404	<.01	<.01	<.05	0.03	0.27	0.10	3.81	6.6	1300
12/06/90	570	0.002	0.016	0.015	0.031	0.046	0.39	15.0	6.4	1090
09/26/90	670	<.005	0.045	0.059	<.07	2.3	1.3	46.0	6.4	1220
07/10/90	386		<.05	<.05			0.14	4.3	6.7	1150
01/28/89			<.01	0.09			0.012	0.19	6.7	
04/20/89	300		<.01	0.07			0.01	0.12	7.65	950
12/02/88	542		<.01	0.06			0.09	<.02	6.36	542
10/13/88	549		<.01	0.03			0.03	0.12	6.4	13000
07/14/88	353		<.01	<.02			0.23	9.9	6.5	1380
03/13/88	294		<.01	0.037			0.027	<.01	6.7	1150
11/19/87	283		<.01	0.019			1.01	9.91	6.9	1425
09/15/87	607		0.01	0.030			0.47	0.057	6.7	129
05/12/87	408		<.01	0.042			0.15	0.44	6.8	1300
03/13/87	290		<.01	<.01			0.14	0.023	6.6	1000
12/30/86	315		<.01	0.02			0.25	0.02	6.9	975
08/27/86	152		<.01	<.01			0.52	0.02	6.7	1040
07/08/86	135		<.01	<.01			1.22	0.43	6.8	1020
03/21/86	133		<.01	<.01			1.33	0.17		1100

## 207

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp. Con
06/27/96	260	<.01	<.05	<.005	0.06	0.07	0.61	3.67	6.8	1140
12/20/95	222	<.01	<.05	<.10	0.08	0.10	1.52	13.7	6.6	1010
06/13/95	305	<.01	<.05	0.10	<.05	0.07	1.19	3.11	6.6	1100
12/07/94	150	0.015	0.039	0.04	0.10	0.223	2.23	29.9	6.9	1100
06/23/94	138	0.008	0.040	0.07	0.09	0.392	1.87	33.2	6.6	1000
12/03/93	192	0.012	0.017	0.12	0.06	0.255	1.70	8.68	6.2	1000
06/09/93	275	0.017	0.020	0.08	0.04	0.253	1.52	9.33	6.8	1000
12/23/92	372	0.015	0.050	0.06	0.05	0.201	1.17	38.8	6.9	1380
06/18/92	339	0.006	0.074	0.08	0.063	0.120	2.90	11.4	6.7	1300
12/06/91	197	<.01	0.05	<.05	0.10	0.24	2.58	41.7	6.7	1100
06/04/91	211	<.01	0.03	<.05	0.06	0.17	2.41	28.5	6.7	1000
12/06/90	240	<.001	<.01	0.012	0.016	0.07	2.30	0.048	6.5	750
09/26/90	280	<.005	0.31	0.014	0.4	1.3	6.8	230.0	6.3	900

# TAYLOR ENVIRONMENTAL, INC.

## *Integrated Environmental Systems*

Route 1, Box 48  
Quitman, Missouri 64478

Telephone  
816/725-4734

### GROUNDEWATER MONITORING DATA (summary)

210 A

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp Con
06/27/96	3600	0.08	<.05	0.007	1.23	608	39.2	1260	4.1	6150
12/20/95	6796	0.14	0.05	0.21	1.50	575	37.5	1320	3.9	6235
06/12/95	5490	0.15	<.05	0.42	1.08	547	38.7	1080	3.8	6370
12/08/94	5580	0.147	0.068	0.10	1.27	681.	33.7	1420.	4.4	6500
06/23/94	8710	0.142	0.071	0.14	1.39	800.	36.6	1630.	3.7	6400
12/03/93	8850	0.160	0.083	0.28	1.40	1230.	39.0	2000.	3.8	7200
06/09/93	8000	0.209	0.076	0.32	1.81	1000.	45.2	1640.	3.9	8000
12/23/92	14800	0.247	0.142	0.20	2.22	1650.	44.5	3570.	3.8	12000
06/18/92	10500	0.297	0.319	0.25	2.83	2080	66.1	3250.	3.8	3000
12/06/91	17200	0.40	0.16	0.12	3.29	2.49	71.3	3490.	3.8	11000
06/04/91	11000	0.43	0.26	0.18	5.69	2740	62.2	3880.	4.0	9950
03/28/91	14450	0.44	0.18	0.23	3.45	2444.	64.6	2386.	3.8	12000
12/06/90	14000	0.35	0.051	<.025	3.4	2900.0	92.0	3600.	3.74	9000
09/26/90	23000	0.37	0.14	0.024	4.6	5000.	31.0	6100.	3.1	12000
07/10/90	3885		0.28	0.48			112.	4034.	3.8	11500
01/28/89			0.09	0.23			205.	956.	3.37	
04/20/89	8000		0.26	0.41			188.	3250.	3.3	8000
12/02/88	22642		0.26	0.59			232.	4525.	3.9	8400
10/13/88	23595		0.72	1.42			104.	1685.	3.71	140000
07/14/88	8624		0.05	<.02			699.	4500.	3.5	12200
03/13/88	8480		0.15	0.117			468.	290.	4.4	14000
11/19/87	22700		0.77	0.55			350.	6200.	2.7	55000
09/15/87	29800		0.23	0.075			716.	7270.	3.6	39500
05/12/87	17500		<.01	0.13			0.88	0.22	4.0	17000
03/13/87	13980		0.19	0.15			82.	2400.	4.4	>5000
12/30/86	4160		0.05	0.05			79.	276.	5.5	3500
08/27/86	17740		0.61	<.01			2270.	4870.	4.0	29100
07/08/86	1940		<.01	0.067			32.	86.	5.8	3090
03/21/86	16400		0.14	0.57			61.	9450.		19000

212

Date	Sulfate	Cd	Cr	Pb	Ni	Zinc	Mn	Iron	pH	Sp Con
06/27/96	173	<.01	<.05	<.005	0.04	0.05	16.4	1.94	6.7	1105
12/20/95	245	<.02	0.07	0.11	0.14	0.32	9.42	53.3	6.7	1300
06/13/95	300	0.01	<.05	<.10	<.05	0.04	6.73	1.0	6.7	1460
12/07/94	190	0.010	0.012	0.03	0.06	0.125	9.30	3.22	6.6	1150
06/23/94	197	0.007	0.010	0.07	0.05	0.210	6.26	1.31	6.5	1300
12/03/93	187	0.012	0.007	0.11	0.07	0.150	9.05	1.61	6.6	1100
06/09/93	371	0.012	0.015	0.08	0.06	0.094	3.10	0.08	6.6	1600
12/23/92	7.4	0.009	0.015	0.08	0.04	0.148	3.22	2.37	6.7	1160
06/19/92	100	0.007	0.033	0.05	0.043	0.089	16.4	2.62	6.7	800
12/06/91	104	<.01	<.01	<.05	0.07	0.06	14.9	3.36	6.7	1000
06/04/91	37.6	<.01	<.01	<.05	0.03	0.07	15.7	6.27	6.7	950
12/06/90	78.0	0.002	0.015	0.01	0.037	0.23	12.0	13.0	6.2	790
09/26/90	90	<.005	0.05	0.005	<.07	0.16	9.0	13.0	6.38	1060

### **APPENDIX 3**

**broski bros. inc**

**FENCEMASTERS**

6400 E. 35TH STREET / P.O. BOX 31007 / KANSAS CITY, MISSOURI 64129

PHONE 816-861-8000

FAX 816-861-5584

Commercial & Industrial  
Fence Specialists



11/7/96

Dennis

*This is what is recorded.*

*Note Document # is undelivered.*

*Stan*

**RECEIVED**

NOV 13 1996

George Butler Assoc., Inc.

K-246745

BBT

RECEIPT# K246745  
JACKSON, COUNTY  
EARLENE JERNIGAN  
DIRECTOR OF RECORDS  
RECORDED AND FILED  
DOC # 1996K 50184

OCT 31 1996  
01:52 PM

MISCELLANEOUS \*

PAGES	2	FEE	8.00
			4.00
HOMELESS 043-250-21			3.00
NO HOUSING TR FUND			3.00
TOTAL FEES			18.00
CASH TENDERED			20.00
TOTAL PAID			20.00
CHANGE			2.00

REMARKS:  
BROSKI BROS

RETURN TO:  
BROSKI BROS  
SM BROSKI  
BOX 31007  
KANSAS CITY MO 64129

Initis: TW Draw: 63 Batch: 615

Reserved for Recorder of Deeds

) NOTIFICATION TO POTENTIAL  
) PURCHASERS  
)

)NOTIFICATION, Made on the 23<sup>rd</sup> day of October  
)

)to any potential purchase of the following described  
)

)lots, tracts and parcels of land lying, being and  
)

)situate in the County of Jackson and the State of  
)

)Missouri, to wit:

part of Lots 18 and 19, Block 16 in LEEDS, a Subdivision of land in Kansas City, Jackson County, Missouri: more particularly described on the Plat of Survey by Gary R. Summers dated the 14th day of October 1996 attached.

TAKE NOTICE that:

1. The above described real estate has been used to manage hazardous wastes and has been treated to remediate an acidic plume area.
2. The use of said real estate is restricted under 40 C.F.R. Subject G. Regulations; and
3. Appropriate filings have been made to the Missouri Department of Natural Resources.

IN WITNESS WHEREOF, Broski Brothers, Inc. has caused these presents to be signed by its President and attested by its Secretary, and the corporate seal is to hereto attached, the day and year first above written.

BROSKI BROTHERS, INC.

Attested *J.M. Broski*  
Secretary

by *Michael J. Broski* PRES.  
Michael J. Broski, President

STATE OF MISSOURI  
COUNTY OF JACKSON

On this 23<sup>rd</sup> day of October, 1996, before me appeared Michael J. Broski, to me personally known, who being by me duly sworn, did say that he is President of Broski Brothers, Inc., a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and said Michael J. Broski acknowledged said instrument to be the free act and deed of said corporation.

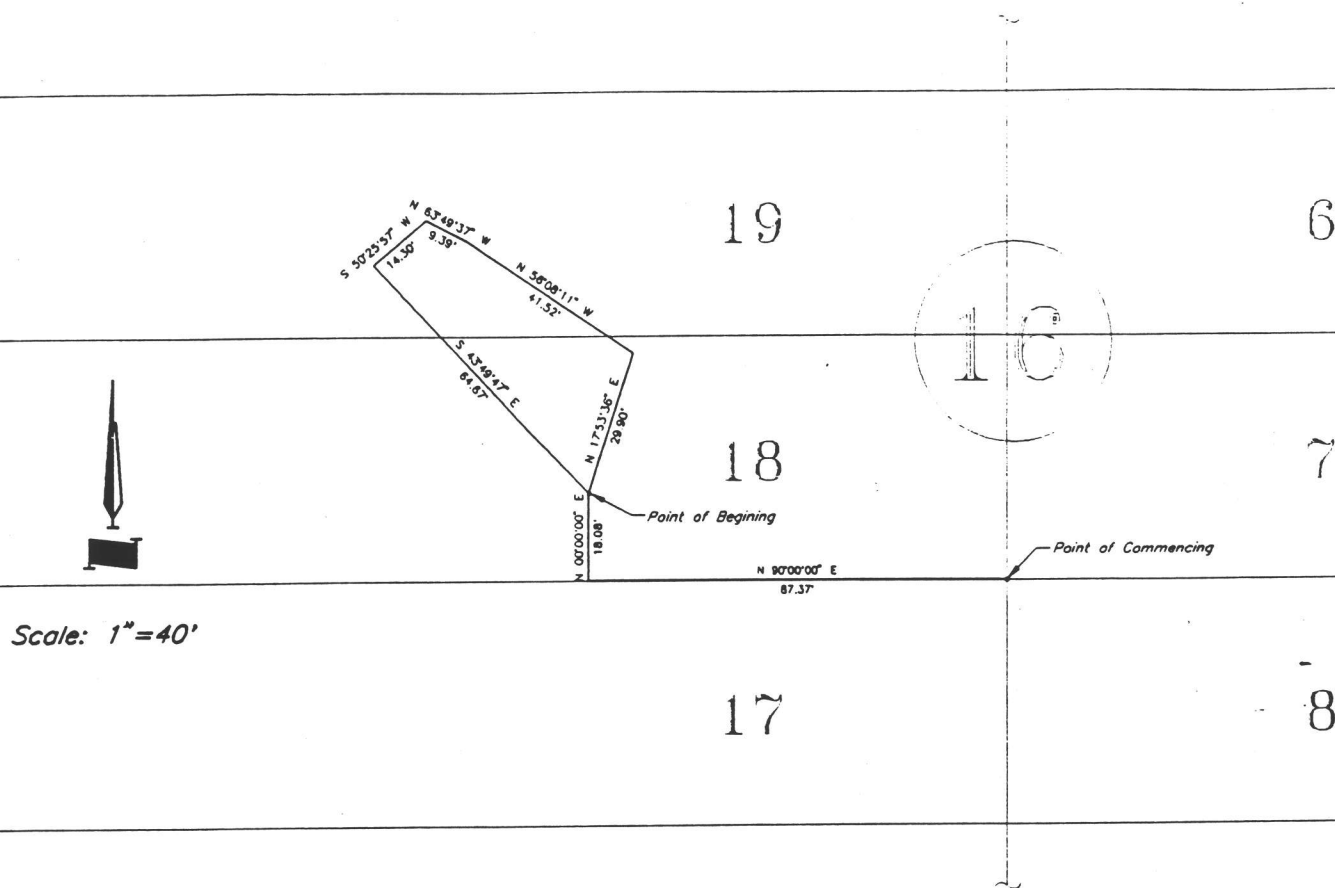
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal at my office in Jackson County, Missouri, the day and year last written above

(SEAL)

*R. B. Welty*  
Notary Public within and for said  
County and State

R. B. WELTY  
Notary Public - State of Missouri  
Commissioned in Jackson County  
My Commission Expires June 1, 1998

**PLAT OF SURVEY**  
**Part of LEEDS Subdivision**  
**Kansas City, Missouri**



Scale: 1"=40'

**LEGAL DESCRIPTION**

Part of Lots 18 and 19, Block 16 in LEEDS a Subdivision of land in Kansas City, Jackson County, Missouri; more particularly described as follows: Commencing at the Southeast corner of said Lot 18; thence North 90°00'00" West along the South line of said Lot 18, a distance of 87.37 feet; thence North 0°00'00" East, a distance of 18.08 feet to the True Point of Beginning; thence North 17°53'36" East, a distance of 29.90 feet; thence North 56°08'11" West, a distance of 41.52 feet; thence North 63°49'37" West, a distance of 9.39 feet; thence South 50°25'57" West, a distance of 14.30 feet; thence South 43°49'47" East, a distance of 64.67 feet to the Point of Beginning.

I hereby certify this 14 day of OCTOBER 1996 a survey was made on the ground of the premises herein described and that the results of that survey are shown hereon.



**GBA**

GEORGE BUTLER ASSOCIATES, INC.  
 Engineers/Architects/Landscape Architects/Planners

GARY R. SUMMERS  
 MISSOURI REGISTERED LAND SURVEYOR #2554  
 JOB #7304.01 PREPARED FOR STAN BROSKI

K863003

K1880P2223

Reserved for Recorder of Deeds

(STATE OF MISSOURI) SS  
 (COUNTY OF JACKSON)  
 I CERTIFY INSTRUMENT RECEIVED

1988 JAN 13 AM 4:44.0

**K1880P2223**  
 RECORDED BOOK PAGE  
 KEITH T. BROWN  
 DIRECTOR OF RECORDS

) NOTIFICATION TO POTENTIAL  
 ) PURCHASERS  
 )  
 )  
 ) NOTIFICATION, Made on the 14th  
 ) day of December, 1988 to any  
 ) potential purchaser of the  
 ) following described lots,  
 ) tracts and parcels of land  
 ) lying, being and situate in  
 ) the County of Jackson and  
 ) State of Missouri, to wit:

Block 16,  
 Lots 4, 5, 6, 7, 8, 9, 10, 15, 16, 17, 18, 19, 20, 21, / LEEDS, a  
 subdivision in Kansas City, Jackson County, Missouri.

TAKE NOTICE that:

1. The above-described real estate has been used to manage hazardous wastes; and
2. The use of said real estate is restricted under 40 C.F.R. Subpart G. Regulations; and
3. A copy of the survey plat and record of the type, location, and quantity of hazardous wastes disposed of within each cell or other hazardous waste disposal unit of the facility required by 40 C.F.R. Sections 265.116 and 265.119(a) have been filed with the City Plan Commission of Kansas City, Missouri, the Environmental Protection Agency Region VII Administrator and the Missouri Department of Natural Resources Waste Management Program RCRA Permits Unit Chief.

IN WITNESS WHEREOF, Broski Brothers, Inc. has caused these presents to be signed by its President and attested by its Secretary, and the corporate seal to be hereto attached, the day and year first above written.

BROSKI BROTHERS, INC.

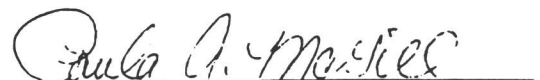
By:   
 Don R. Tobin, President

STATE OF MISSOURI )  
 ) SS.  
 COUNTY OF JACKSON )

On this 14th day of December, 1988, before me, appeared Don R. Tobin, to me personally known, who being by me duly sworn, did say that he is the President of Broski Brothers, Inc., a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and said Don R. Tobin acknowledged said instrument to be the free act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal at my office in Jackson County, Missouri, the day and year last above written.

[SEAL]

  
 Notary Public within and for  
 said County and State.

My Commission Expires;

PAULA A. McMILL  
 NOTARY PUBLIC STATE OF MISSOURI  
 JACKSON COUNTY

Reserved for Recorder of Deeds

COUNTY OF JACKSON

AUG 24 P 3:10.0

PAGE  
K2599P2077  
DIRECTOR OF RECORDS300  
-400  
500  
1200

V Luckett

The identified note described in  
book K1078 page 268 was pre-  
sented.

ATTEST: DIRECTOR OF RECORDS

V Luckett

DJC K-487045

Missouri, at Kansas City, in Book K1078 at page 268, in consideration of the full payment of said  
debt, does hereby acknowledge satisfaction of said deed of trust and release the property therein described from  
the lien and effect of the same.Boatmen's First National Bank of Kansas City, Trustee Under  
IN WITNESS WHEREOF, the said Last Will and Testament of Leo J. Broski  
has caused these presents to be signed by its Vice President and the corporate  
seal to be hereto affixed.Dated this 10th day of August, 1994, BOATMEN'S FIRST NATIONAL BANK OF KAN-  
CITY, TRUSTEE OF THAT TRUST ESTABLISHED  
(Seal) PURSUANT TO THE LAST WILL AND TESTAMENT OF  
LEO J. BROSKI

ATTEST:

BRAD KOLINS, Assistant Secretary

In the State of Missouri, County of Jackson on this 10th day of  
August, 1994, before me, the undersigned, a notary public in and for said County and  
State, appeared Janet M. KEEFER to me personally known,who being by me duly sworn, did say that she was Vice President of  
Boatmen's First National Bank of K.C., a corporation, that the seal affixed to said instrument is the  
corporate seal of said corporation and that said instrument was executed on behalf of said corporation by  
authority of its Board of Directors, and said Janet M. KEEFER acknowledged said  
instrument to be the free act and deed of said corporation, and that said corporation has no corporate seal.\*Witness my hand and Notarial Seal subscribed and affixed in said County and State the day and year in  
this certificate above written.Barbara J. Bowles  
Notary PublicBARBARA J. BOWLES  
Notary Public - State of Missouri  
Commissioned in Jackson County  
My Commission Expires Aug. 10, 1996(Seal)  
My term expires Aug. 10, 1996STATE OF }  
COUNTY OF }

IN THE RECORDER'S OFFICE

I, Recorder of said County, do hereby certify that the within  
instrument of writing was, at o'clock and minutes, M., on the day of  
A.D., 19, duly filed for record in my office, and is recorded in the records of this office, in Book, at page.IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at  
this day of A.D., 19.

RECORDER

## APPENDIX 4

GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

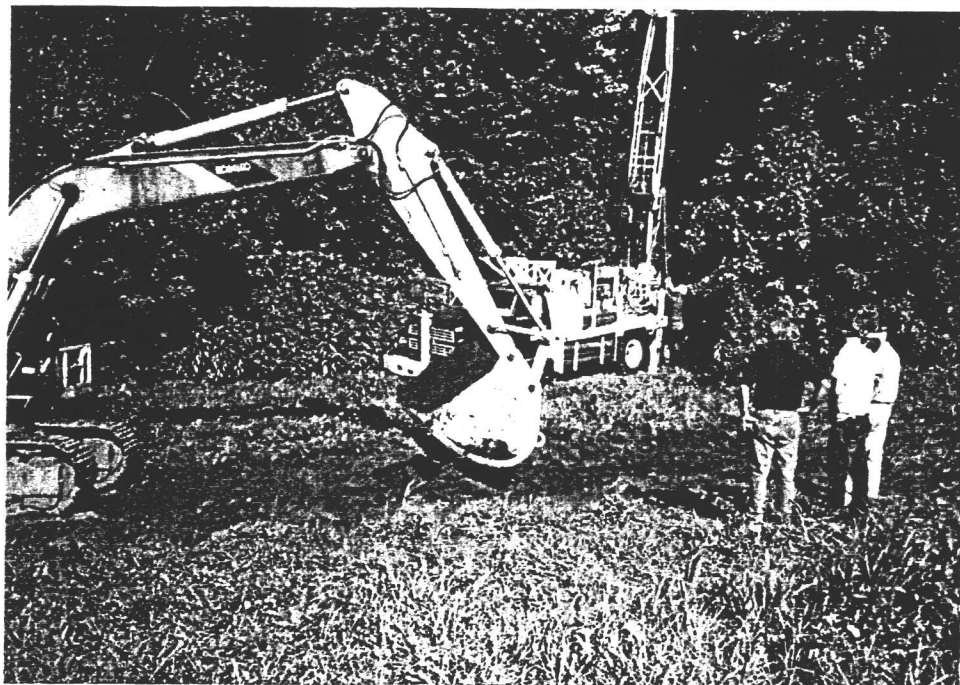
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 1  
Direction: Southeast  
Comments: Typical  
well closure.



Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 2  
Direction: West  
Comments: Commencing  
excavation of test pit,  
foreground; closure of  
monitoring wells 210 A, B,  
and C, background.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

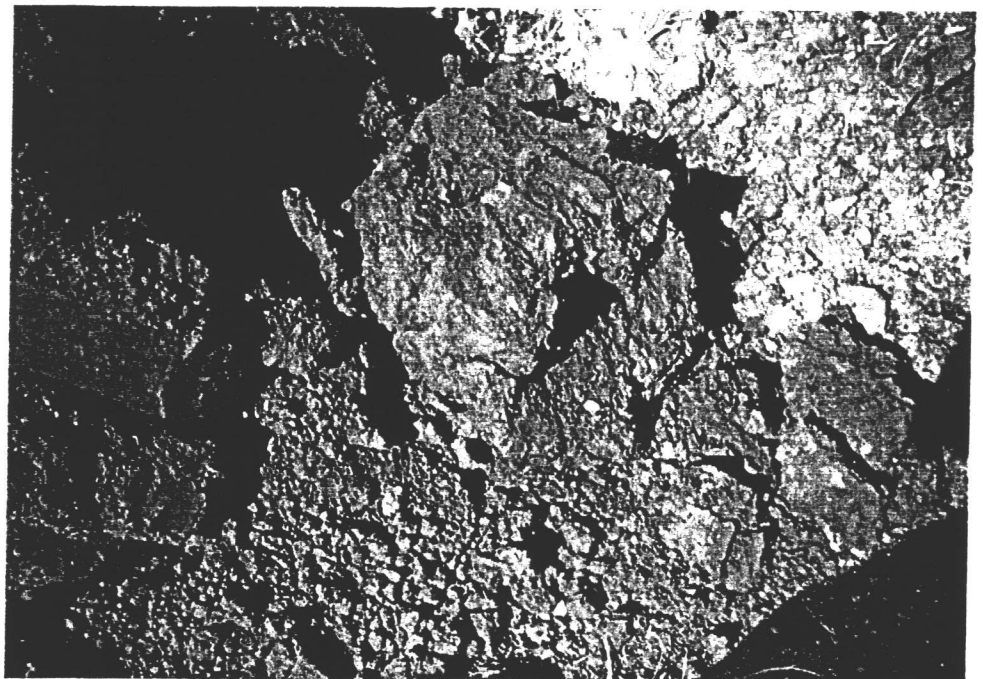
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 3  
Direction: South  
Comments: Exploration test pit.



Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 4  
Direction: West  
Comments: Reddish-brown stained soil from Horizon No. 2.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

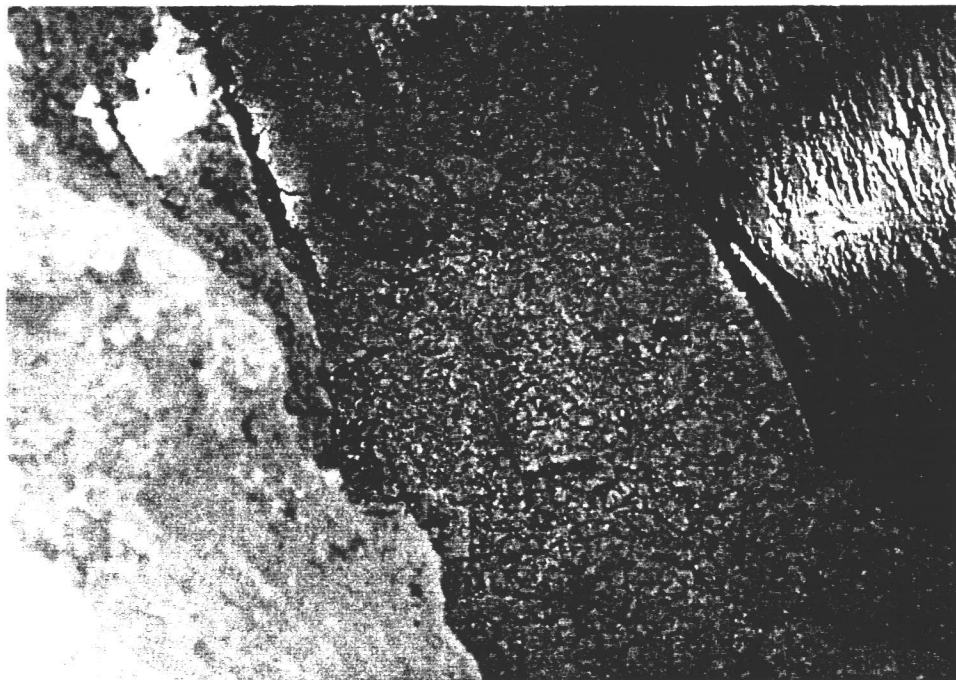
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 5  
Direction: North  
Comments: Topsoil  
stockpile, center;  
beginning uncontaminated  
soil from Horizon No. 1,  
left of center.



Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 6  
Direction: North  
Comments:  
Contaminated soil with  
white staining from  
Horizon No. 3.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

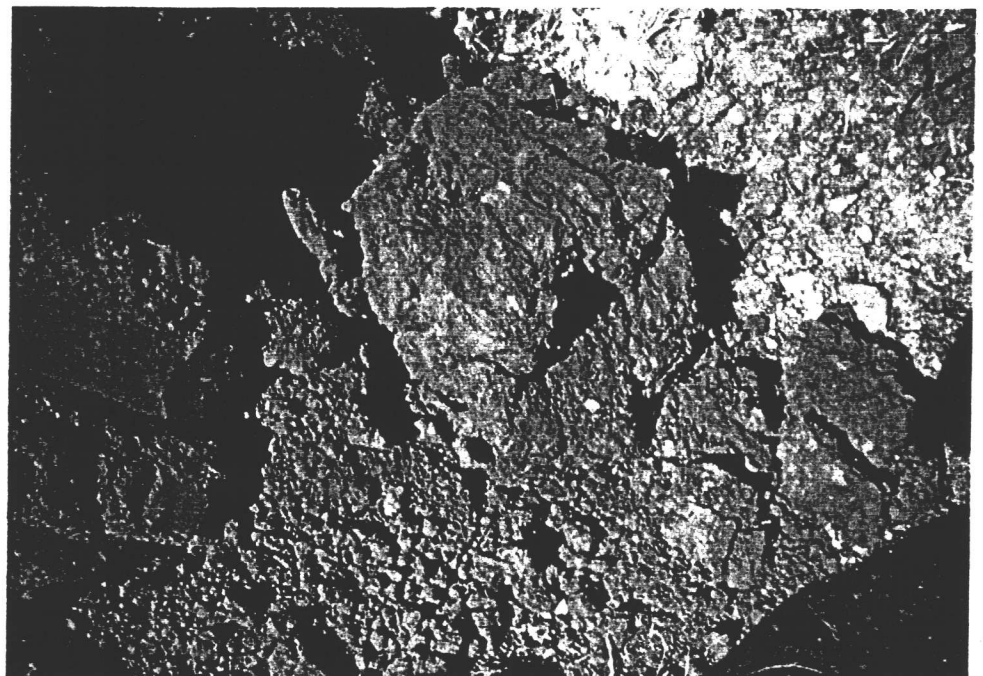
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 3  
Direction: South  
Comments:  
Exploration test pit.



Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 4  
Direction: West  
Comments: Reddish-  
brown stained soil from  
Horizon No. 2.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

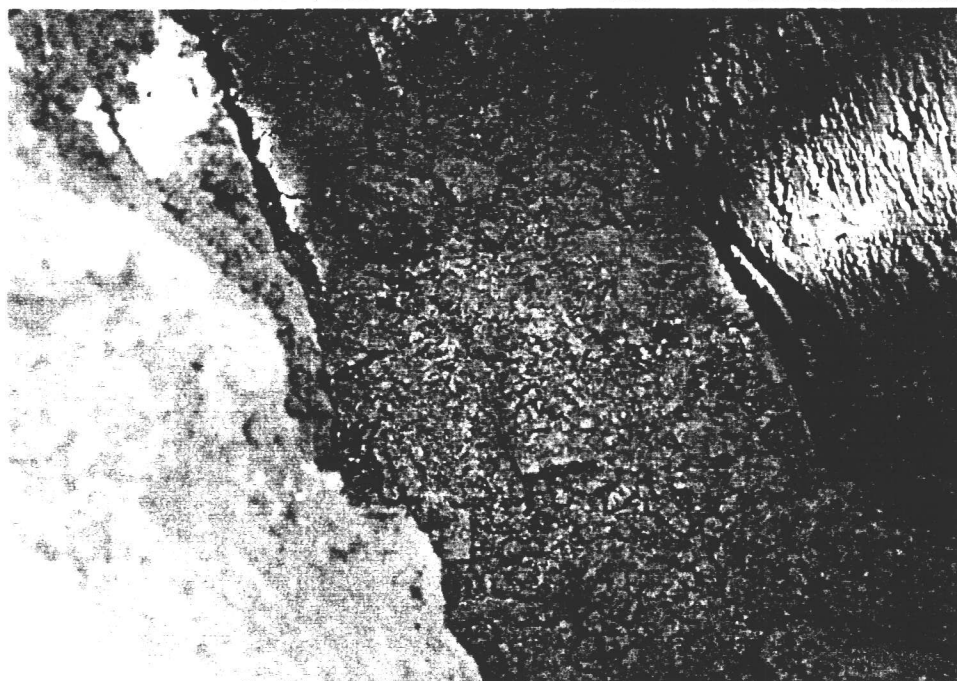
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 5  
Direction: North  
Comments: Topsoil  
stockpile, center;  
beginning uncontaminated  
soil from Horizon No. 1,  
left of center.



Photographer: J. Kraft  
Date/Time: 8/06/96  
Frame No: 6  
Direction: North  
Comments: Contaminated soil with  
white staining from  
Horizon No. 3.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 7  
Direction: North  
Comments: Pad for  
north treatment area,  
center; stockpile of  
uncontaminated soil from  
Horizon No. 1, center,  
left; topsoil stockpile,  
background.



Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 8  
Direction: West  
Comments: Excavation of contaminated  
soil from plume area.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

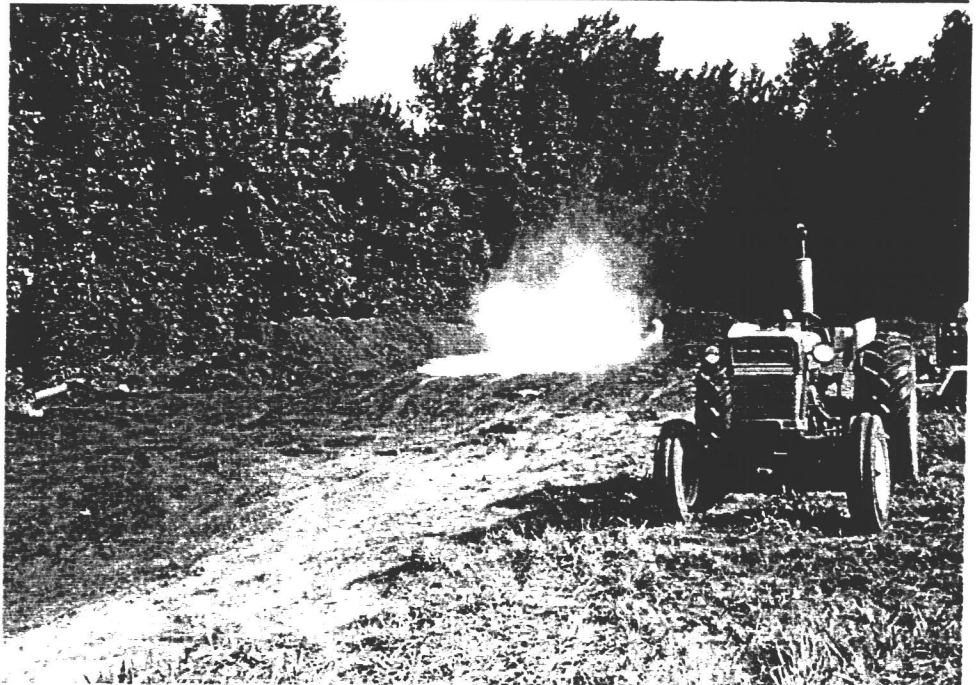
GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 9  
Direction: North  
Comments: Spreading  
hydrated lime upon  
contaminated soil spread  
in 6-8" lifts upon pad  
of north treatment area.



Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 10  
Direction: North  
Comments: Blending  
contaminated soil and  
hydrated lime with  
rototiller in north  
treatment area.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

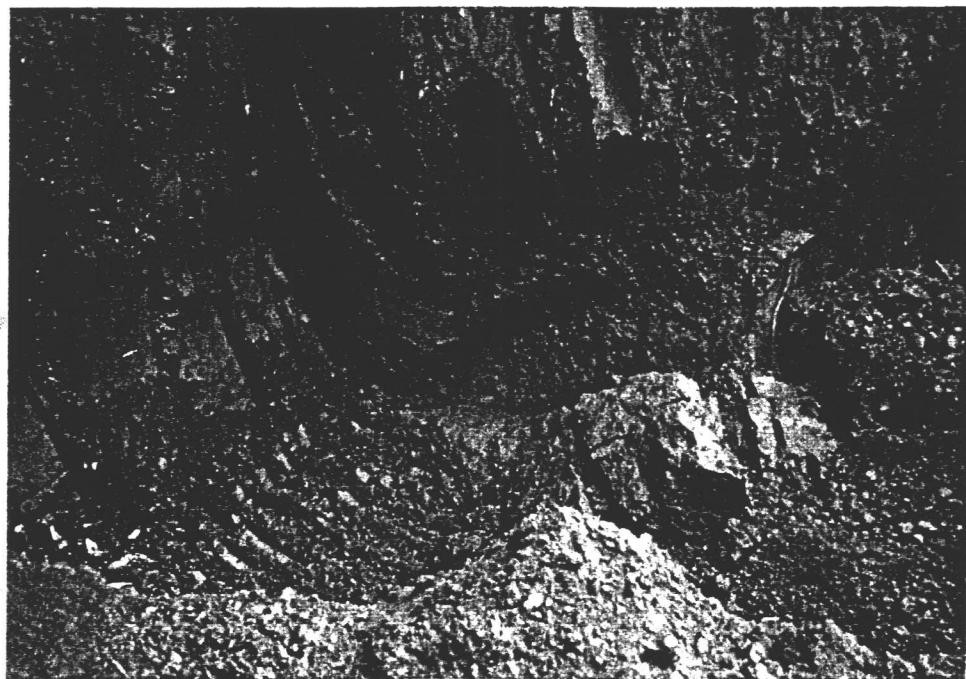
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 11  
Direction: Southwest  
Comments: South  
treatment area.



Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 12  
Direction: North  
Comments: Highly  
contaminated zone on  
north wall of excavation.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

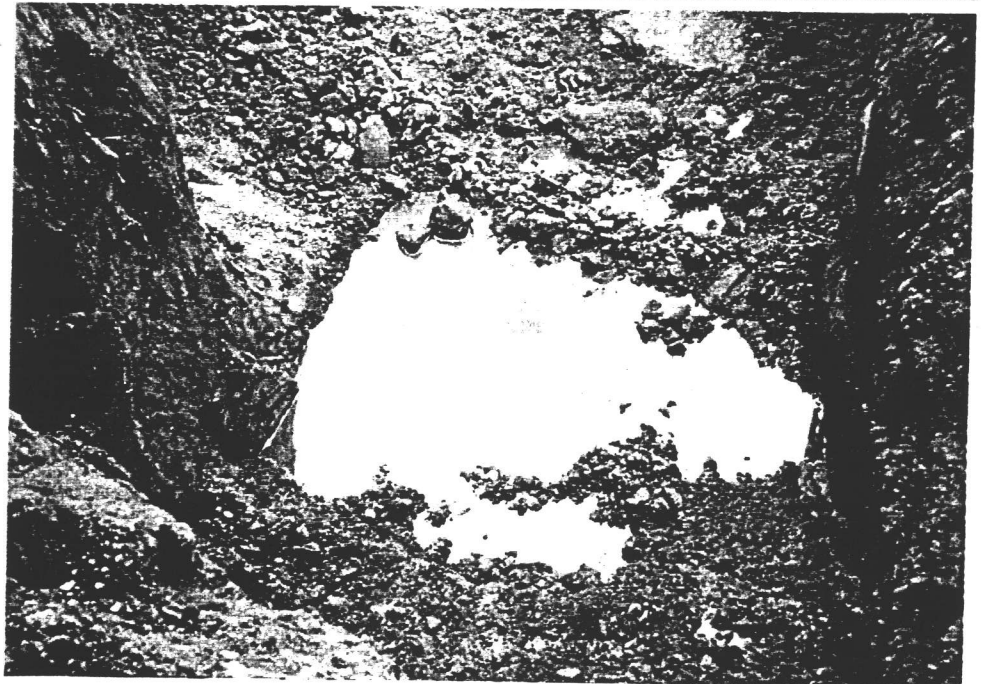
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/07/96  
Frame No: 13  
Direction: Northeast  
Comments: Highly  
contaminated zone on  
east wall of excavation.



Photographer: J. Kraft  
Date/Time: 8/09/96  
Frame No: 14  
Direction: East  
Comments:  
Infiltrated groundwater  
in bottom of excavation.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/09/96  
Frame No: 15  
Direction: Southwest  
Comments: End of  
day. Plastic sheets placed  
upon south treatment  
area and safety fencing  
placed around excavation.



Photographer: J. Kraft  
Date/Time: 8/13/96  
Frame No: 16  
Direction: Southwest  
Comments: Agricultural  
lime spread on sides and  
bottom of excavation. Note  
small amount of water in  
excavation.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

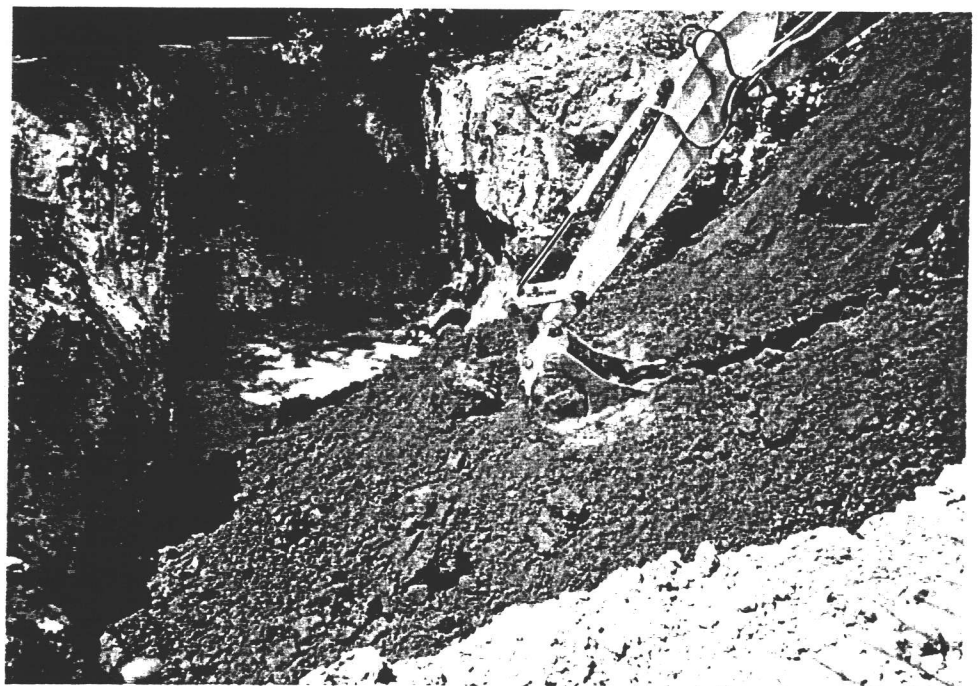
Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/13/96  
Frame No: 17  
Direction: North  
Comments: Returning  
treated soil to excavation.



Photographer: J. Kraft  
Date/Time: 8/13/96  
Frame No: 18  
Direction: West  
Comments: Returning  
treated soil to excavation.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft

Date/Time: 8/14/96

Frame No: 19

Direction: West

Comments:

Backfilling nearly  
complete.



Photographer: J. Kraft

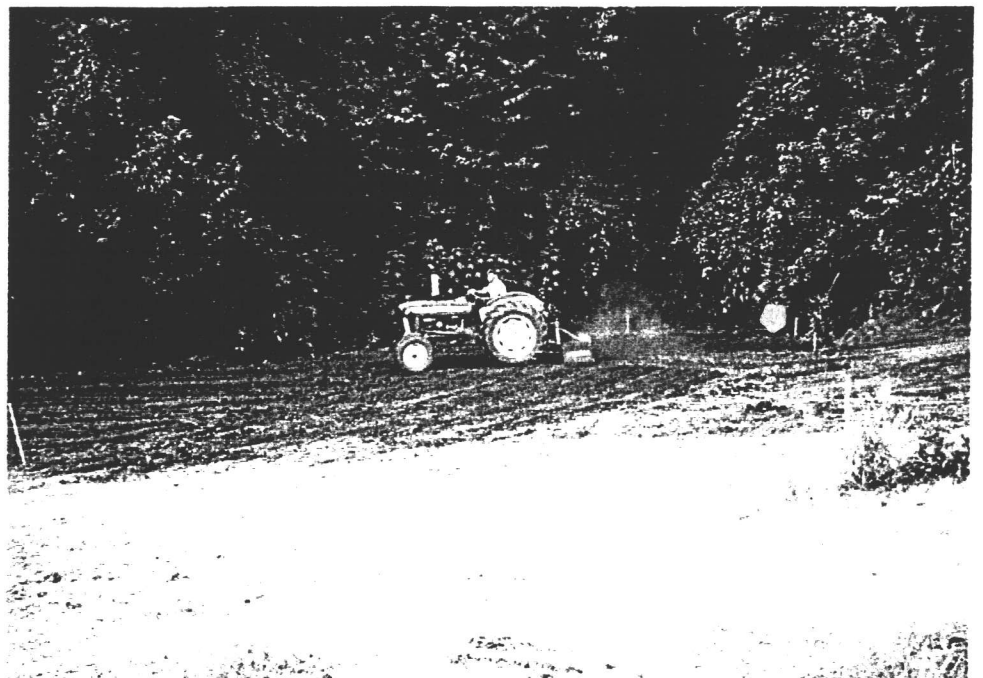
Date/Time: 8/15/96

Frame No: 20

Direction: West

Comments:

Backfilling complete.  
Finish grading.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

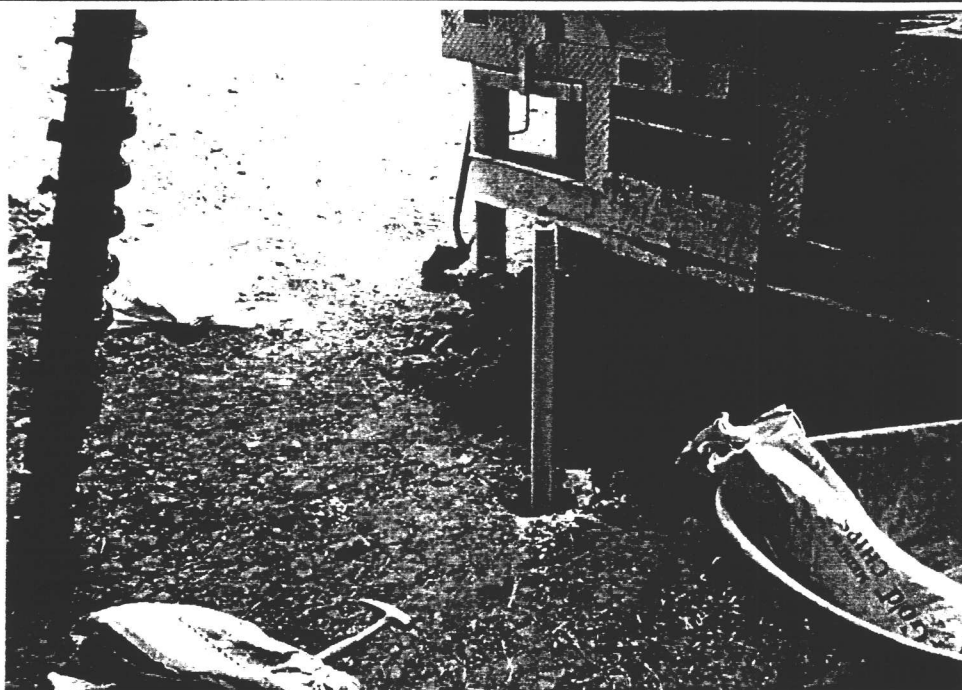
GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 8/15/96  
Frame No: 21  
Direction: Southeast  
Comments:  
Installation of Monitoring  
Well R 210 A1.



Photographer: J. Kraft  
Date/Time: 8/29/96  
Frame No: 22  
Direction: North  
Comments:  
Remediation area  
seeded and mulched.



GEORGE BUTLER ASSOCIATES, INC.  
PHOTOGRAPHIC RECORD

Client: Broski Brothers, Inc.

GBA Job No.: 7304.01

Camera Make: Olympus Infinity Twin

Site Name: Broski Brothers Plume Remediation

Site Location: Kansas City, Missouri

Photographer: J. Kraft  
Date/Time: 10/02/96  
Frame No: 23  
Direction: West  
Comments: Vegetation  
on treated plume area.



Photographer: J. Kraft  
Date/Time: 10/02/96  
Frame No: 24  
Direction: Southeast  
Comments: Installation of Monitoring  
Well R 210 A2.

